

EB BL 01/15/1998 Employee benefits in Medium and Large Private Establishments, 1995 Tables only, Chapter 4: Medical, dental, and vision care. The bulletin will be out later this year.

Table 41. Medical care benefits: Summary of selected features, full-time employees, medium and large private establishments, 1995

| Item | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|---------------------------------------|--|
| Number (in thousands) with medical care(1)..... | 25,546 | 7,467 | 6,158 | 11,921 |
| Percent | | | | |
| Total with medical care... | 100 | 100 | 100 | 100 |
| Traditional fee-for-service(2)... | 37 | 29 | 30 | 45 |
| Preferred provider organization(3)..... | 34 | 36 | 36 | 33 |
| Prepaid health maintenance organization(4)..... | 27 | 33 | 32 | 21 |
| Retiree coverage available(5)..... | 46 | 51 | 50 | 41 |
| With a service requirement..... | 64 | 51 | 67 | 71 |

1 Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision or prescription drug coverage.

2 The plan pays for specific medical procedures as expenses are incurred.

3 A preferred provider organization (PPO) is a group of hospitals and physicians that contracts to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmembers' services.

4 Includes federally qualified (those meeting standards of the Health Maintenance Act of 1973, as amended) and other HMO's delivering comprehensive health care on a prepayment rather than fee-for-service basis.

5 Tabulations cover plans in which insurance was continued for longer than 1 month after retirement. It excludes plans that provide only the retiree's share of premiums for medical insurance under Medicare (Part B).

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this

category.

Table 42. Medical care benefits: Coverage for selected services, by type of plan, full-time employees, medium and large private establishments, 1995

| Blue- Clerical and sales employees Categories of care employees | All collar employees and service | | | Professional, techni- cal, and related employees | | |
|--|--|--------|--------|--|-------|--|
| | All plans | | | Non-HMO | | |
| plans | All plans | | | HMO plans | | |
| | All plans | | | Non-HMO | | |
| plans | All plans | | | HMO plans | | |
| | All plans | | | HMO plans | | |
| Number of employees (in thousands)..... | All plans | | | HMO plans | | |
| | All plans | | | HMO plans | | |
| 2,499 | 25,546 | 18,558 | 6,988 | 7,467 | 4,968 | |
| 6,158 | 4,170 | 1,988 | 11,921 | 9,419 | 2,502 | |
| Percent | | | | | | |
| Hospital room and board... | 100 | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Inpatient surgery..... | 100 | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Outpatient surgery(1)..... | 100 | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Inpatient physician visits | 100 | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Office physician visits... | 100 | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Diagnostic X-ray and laboratory..... | 100 | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Extended care(2)..... | 73 | 71 | 80 | 77 | 75 | |
| 80 | | | | | | |

| | | | | | | | |
|----------------------------|----|-----|----|----|-----|----|----|
| 71 | 70 | 74 | 72 | 69 | 83 | | |
| Home health care(2)..... | | | 78 | 73 | 91 | 81 | 76 |
| 92 | | | | | | | |
| 79 | 73 | 91 | 75 | 71 | 91 | | |
| Hospice care..... | | | 56 | 61 | 44 | 60 | 65 |
| 49 | | | | | | | |
| 54 | 61 | 37 | 56 | 59 | 44 | | |
| Inpatient mental health... | | | 97 | 98 | 94 | 97 | 99 |
| 94 | | | | | | | |
| 97 | 98 | 94 | 97 | 98 | 92 | | |
| Outpatient mental health.. | | | 91 | 90 | 95 | 92 | 90 |
| 96 | | | | | | | |
| 94 | 93 | 96 | 90 | 89 | 94 | | |
| Inpatient alcohol | | | | | | | |
| detoxification(3)..... | | | 98 | 97 | 100 | 99 | 99 |
| 99 | | | | | | | |
| 98 | 97 | 100 | 98 | 97 | 100 | | |
| Inpatient alcohol | | | | | | | |
| rehabilitation(4)..... | | | 77 | 81 | 66 | 77 | 81 |
| 69 | | | | | | | |
| 76 | 83 | 61 | 77 | 80 | 66 | | |
| Outpatient alcohol | | | | | | | |
| rehabilitation(4)..... | | | 81 | 81 | 80 | 82 | 81 |
| 83 | | | | | | | |
| 81 | 84 | 77 | 80 | 80 | 80 | | |
| Inpatient drug | | | | | | | |
| detoxification..... | | | 97 | 97 | 98 | 98 | 98 |
| 99 | | | | | | | |
| 96 | 96 | 96 | 97 | 96 | 100 | | |
| Inpatient drug | | | | | | | |
| rehabilitation..... | | | 76 | 80 | 65 | 77 | 81 |
| 69 | | | | | | | |
| 75 | 83 | 60 | 76 | 79 | 65 | | |
| Outpatient drug | | | | | | | |
| rehabilitation..... | | | 80 | 81 | 80 | 81 | 80 |
| 83 | | | | | | | |
| 81 | 83 | 77 | 79 | 79 | 80 | | |
| Hearing care(5)..... | | | 33 | 12 | 87 | 39 | 14 |
| 89 | | | | | | | |
| 35 | 10 | 88 | 28 | 13 | 85 | | |
| Physical exam..... | | | 56 | 40 | 98 | 63 | 45 |
| 99 | | | | | | | |
| 57 | 38 | 96 | 50 | 37 | 99 | | |
| Well-baby care..... | | | 60 | 46 | 97 | 65 | 49 |
| 99 | | | | | | | |
| 62 | 46 | 94 | 56 | 44 | 98 | | |
| Immunization and | | | | | | | |
| inoculation..... | | | 47 | 31 | 91 | 53 | 33 |
| 93 | | | | | | | |
| 46 | 25 | 90 | 44 | 32 | 91 | | |

1 Charges incurred in the outpatient department of a hospital and outside the hospital.

2 Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital.

3 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

4 Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

5 Plans provide, as a minimum, coverage for hearing examination expenses.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 43. Non-health maintenance organizations: Coverage for selected services, full-time employees, medium and large private establishments, 1995

| Category of care and extent of coverage | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| | Percent | | | |
| Hospital room and board | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 6 | 6 | 7 | 5 |
| Subject to separate limits only(1)..... | 3 | 1 | 3 | 4 |
| Subject to separate limits plus major medical..... | 22 | 27 | 21 | 20 |
| Major medical only(2)... | 69 | 65 | 69 | 70 |
| Inpatient surgery | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 11 | 13 | 10 | 11 |
| Subject to separate limits only(1)..... | 1 | (3) | 1 | 2 |
| Subject to separate limits plus major medical..... | 6 | 5 | 6 | 6 |
| Major medical only(2)... | 82 | 81 | 83 | 81 |
| Outpatient surgery(4) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 12 | 13 | 12 | 12 |
| Subject to separate limits only(1)..... | 2 | 1 | 2 | 3 |

| | | | | |
|--|-----|-----|-----|-----|
| Subject to separate limits plus major medical..... | 6 | 6 | 7 | 6 |
| Major medical only(2)... | 80 | 80 | 80 | 79 |
| Inpatient physician visits | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 10 | 10 | 9 | 9 |
| Subject to separate limits only(1)..... | 1 | 1 | (3) | 2 |
| Subject to separate limits plus major medical..... | 8 | 10 | 8 | 7 |
| Major medical only(2)... | 81 | 80 | 83 | 82 |
| Office physician visits | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 2 | 1 | 1 | 3 |
| Subject to separate limits only(1)..... | 16 | 17 | 18 | 13 |
| Subject to separate limits plus major medical..... | 16 | 21 | 18 | 13 |
| Major medical only(2)... | 66 | 61 | 62 | 71 |
| Diagnostic x-ray and laboratory | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 13 | 14 | 13 | 12 |
| Subject to separate limits only(1)..... | 1 | 1 | 1 | 2 |
| Subject to separate limits plus major medical..... | 9 | 10 | 7 | 10 |
| Major medical only(2)... | 77 | 76 | 79 | 76 |

1 Separate limits apply to individual categories of care; e.g., separate limits on benefits for hospitalization. Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

2 Major medical limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

3 Less than 0.5 percent.

4 Charges incurred in the outpatient department of a hospital and outside of the hospital.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 44. Non-health maintenance organizations: Coverage for alternatives to hospital care, full-time employees, medium and large private establishments, 1995

| Category of care and extent of coverage | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Percent | | | | |
| Extended care(1) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 2 | 2 | 2 | 2 |
| Subject to separate limits only(2)..... | 9 | 10 | 9 | 9 |
| Subject to separate limits plus major medical..... | 70 | 65 | 70 | 72 |
| Major medical only(3)... | 19 | 23 | 19 | 17 |
| Home health care(1) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 6 | 9 | 6 | 5 |
| Subject to separate limits only(2)..... | 9 | 9 | 7 | 8 |
| Subject to separate limits plus major medical..... | 54 | 52 | 57 | 53 |
| Major medical only(3)... | 31 | 30 | 30 | 33 |
| Hospice care | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 9 | 11 | 8 | 7 |
| Subject to separate limits only(2)..... | 7 | 9 | 5 | 8 |
| Subject to separate limits plus major medical..... | 42 | 37 | 51 | 40 |
| Major medical only(3)... | 42 | 43 | 36 | 45 |

1 Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital.

2 Separate limits apply to individual categories of care; e.g., separate limits or benefits for extended care. Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a

requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

3 Major medical limits are expressed in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 45. Non-health maintenance organizations: Coverage for mental health and substance abuse treatment, full-time employees, medium and large private establishments, 1995

| Category of care and extent of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| | Percent | | | |
| Inpatient mental health | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 2 | 2 | 2 | 3 |
| Subject to separate limits only(1)..... | 16 | 13 | 13 | 19 |
| Subject to separate limits plus major medical..... | 66 | 66 | 73 | 63 |
| Major medical only(2)... | 15 | 19 | 12 | 15 |
| Outpatient mental health | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 1 | 1 | 1 | 1 |
| Subject to separate limits only(1)..... | 19 | 17 | 15 | 21 |
| Subject to separate limits plus major medical..... | 78 | 79 | 81 | 75 |
| Major medical only(2)... | 3 | 3 | 3 | 3 |
| Inpatient alcohol detoxification(3) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 3 | 3 | 3 | 3 |
| Subject to separate | | | | |

| | | | | |
|--------------------------|-----|-----|-----|-----|
| limits only(1)..... | 17 | 15 | 15 | 19 |
| Subject to separate | | | | |
| limits plus major | | | | |
| medical..... | 65 | 66 | 71 | 63 |
| Major medical only(2)... | 15 | 16 | 12 | 15 |
| Inpatient alcohol | | | | |
| rehabilitation(4) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 2 | 2 | 2 | 2 |
| Subject to separate | | | | |
| limits only(1)..... | 21 | 21 | 18 | 22 |
| Subject to separate | | | | |
| limits plus major | | | | |
| medical..... | 73 | 72 | 77 | 71 |
| Major medical only(2)... | 4 | 5 | 3 | 5 |
| Outpatient alcohol | | | | |
| rehabilitation(4) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 1 | 2 | 1 | 1 |
| Subject to separate | | | | |
| limits only(1)..... | 22 | 20 | 18 | 24 |
| Subject to separate | | | | |
| limits plus major | | | | |
| medical..... | 75 | 76 | 78 | 72 |
| Major medical only(2)... | 3 | 2 | 3 | 3 |
| Inpatient drug | | | | |
| detoxification(3) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 3 | 3 | 3 | 3 |
| Subject to separate | | | | |
| limits only(1)..... | 17 | 15 | 14 | 19 |
| Subject to separate | | | | |
| limits plus major | | | | |
| medical..... | 66 | 66 | 71 | 63 |
| Major medical only(2)... | 15 | 16 | 12 | 15 |
| Inpatient drug | | | | |
| rehabilitation(4) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 2 | 2 | 2 | 2 |
| Subject to separate | | | | |
| limits only(1)..... | 20 | 19 | 17 | 22 |
| Subject to separate | | | | |
| limits plus major | | | | |
| medical..... | 73 | 73 | 77 | 71 |
| Major medical only(2)... | 5 | 5 | 4 | 4 |
| Outpatient drug | | | | |
| rehabilitation(4) | | | | |

| | | | | |
|--|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 1 | 1 | 1 | 1 |
| Subject to separate limits only(1)..... | 21 | 20 | 18 | 24 |
| Subject to separate limits plus major medical..... | 75 | 77 | 79 | 73 |
| Major medical only(2)... | 2 | 2 | 2 | 3 |

1 Separate limits apply to individual categories of care; e.g., separate limits or benefits for inpatient mental health. Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

2 Major medical limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

3 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

4 Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 46. Health maintenance organizations: Coverage for selected services, full-time employees, medium and large private establishments, 1995

| Category of care and extent of coverage | All employees | Profes- sional, Clerical and sales techni- cal, and employees related employees | Blue- collar and service employees |
|--|------------------|---|--|
| Percent | | | |
| Hospital room and board | | | |
| Total with coverage..... | 100 | 100 | 100 |
| Covered in full..... | 77 | 81 | 78 |
| Subject to limits(1).... | 23 | 19 | 22 |
| Inpatient surgery | | | |
| Total with coverage..... | 100 | 100 | 100 |
| Covered in full..... | 92 | 92 | 94 |

| | | | | |
|---|-----|-----|-----|-----|
| Subject to limits(1).... | 8 | 8 | 6 | 9 |
| Outpatient surgery(2) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 80 | 84 | 77 | 79 |
| Subject to limits(1).... | 20 | 16 | 23 | 21 |
| Inpatient physician visits | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 94 | 94 | 96 | 94 |
| Subject to limits(1).... | 6 | 6 | 4 | 6 |
| Office physician visits | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 13 | 13 | 14 | 11 |
| Subject to limits(1).... | 87 | 87 | 86 | 89 |
| Diagnostic x-ray and laboratory services | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 94 | 95 | 95 | 93 |
| Subject to limits(1).... | 6 | 5 | 5 | 7 |

1 Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

2 Charges incurred in the outpatient department of a hospital and outside of the hospital

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 47. Health maintenance organizations: Coverage for alternatives to hospital care, full-time employees, medium and large private establishments, 1995

| Category of care and extent of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Percent | | | | |
| Extended care(1) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Covered in full..... | 14 | 16 | 13 | 13 |
| Subject to limits(2).... | 86 | 84 | 87 | 87 |
| Home health care(1) | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 76 | 78 | 78 | 73 |
| Subject to limits(2).... | 24 | 22 | 22 | 27 |
| Hospice care | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 61 | 68 | 55 | 57 |
| Subject to limits(2).... | 39 | 32 | 45 | 43 |

1 Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital.

2 Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of cost (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 48. Health maintenance organizations: Coverage for mental health and substance abuse treatment, full-time employees, medium and large private establishments, 1995

| Category of care and extent of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Percent | | | | |
| Inpatient mental health | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 8 | 11 | 6 | 5 |
| Subject to limits(1).... | 92 | 89 | 94 | 95 |
| Outpatient mental health | | | | |
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 1 | 1 | 3 | (2) |
| Subject to limits(1).... | 99 | 99 | 97 | 100 |

Inpatient alcohol
detoxification(3)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 35 | 38 | 39 | 29 |
| Subject to limits(1).... | 65 | 62 | 61 | 71 |

Inpatient alcohol
rehabilitation(4)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 10 | 11 | 10 | 8 |
| Subject to limits(1).... | 90 | 89 | 90 | 92 |

Outpatient alcohol
rehabilitation(4)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 5 | 5 | 7 | 2 |
| Subject to limits(1).... | 95 | 95 | 93 | 98 |

Inpatient drug
detoxification(3)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 36 | 38 | 40 | 29 |
| Subject to limits(1).... | 64 | 62 | 60 | 71 |

Inpatient drug
rehabilitation(4)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 9 | 11 | 9 | 7 |
| Subject to limits(1).... | 91 | 89 | 91 | 93 |

Outpatient drug
rehabilitation(4)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total with coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 4 | 4 | 7 | 2 |
| Subject to limits(1).... | 96 | 96 | 93 | 98 |

1 Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of cost (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

2 Less than 0.5 percent.

3 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

4 Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this

category.

Table 49. Medical care benefits:(1) Fee arrangement and financial intermediary, full-time employees, medium and large private establishments, 1995

| Fee arrangement | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employ- ees | Blue- collar and service employees |
|---|---------------|---|---|--|
| Number (in thousands) with medical care..... | 25,546 | 7,467 | 6,158 | 11,921 |
| | Percent | | | |
| Total with medical care... | 100 | 100 | 100 | 100 |
| Traditional | | | | |
| fee-for-service(2)... | 37 | 29 | 30 | 45 |
| Self insured(3)..... | 26 | 20 | 20 | 33 |
| With administrative services only contract(4)..... | 15 | 13 | 11 | 19 |
| Without administrative services only contract..... | 11 | 7 | 9 | 14 |
| Commercial insurance company..... | 6 | 5 | 6 | 6 |
| Blue Cross/Blue Shield | 5 | 5 | 5 | 6 |
| Combined financed(5).. | (6) | (6) | (6) | (6) |
| Preferred provider | | | | |
| organization(7)..... | 34 | 36 | 36 | 33 |
| Self insured(3)..... | 21 | 24 | 25 | 18 |
| With administrative services only contract(4)..... | 14 | 15 | 19 | 11 |
| Without administrative services only contract..... | 7 | 9 | 6 | 7 |
| Commercial insurance company..... | 9 | 7 | 6 | 11 |
| Blue Cross/Blue Shield | 4 | 4 | 4 | 4 |
| Combined financed(5).. | (6) | (6) | (6) | (6) |
| Health maintenance | | | | |
| organization(8)..... | 27 | 33 | 32 | 21 |
| Commercial insurance company..... | 6 | 6 | 7 | 4 |

| | | | | |
|--|---------|---------|---------|---------|
| Blue Cross/Blue Shield Independent organization(9).... | 3 18 | 4 24 | 3 23 | 3 13 |
| Combined financed(5).. | (6) | - | (6) | (6) |
| Other(10)..... | 1 | 1 | 2 | 1 |

1 Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision, or prescription drug coverage.

2 These plans pay for specific medical procedures as expenses are incurred.

3 Includes plans that are financed on a pay-as-you-go basis, plans financed through contributions to a trust fund established to pay benefits, and plans operating their own facilities if at least partially financed by employer contributions. Includes plans that are administered by a commercial carrier through Administrative Services Only (ASO) contracts.

4 An arrangement where an establishment pays the cost of benefits, but hires another establishment to handle administrative services.

5 These are plans where the financing comes from two different kinds of financial intermediaries. For example, an establishment contracts with Blue Cross/Blue Shield to pay part of the benefits and a commercial company to pay the other benefits.

6 Less than 0.5 percent.

7 A preferred provider organization (PPO) is a group of hospitals and physicians that contracts to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmember services.

8 Includes federally qualified (those meeting standards of the Health Maintenance Organization Act of 1973, as amended) and other HMO's delivering comprehensive health care on a prepayment rather than fee-for-service basis.

9 These organizations provide and finance all benefits, but are not affiliated with an insurance company or Blue Cross/Blue Shield.

10 Includes exclusive provider organizations, which are groups of hospitals and physicians that contract to provide comprehensive medical services. Participants are required to obtain services from members of the organization in order to receive plan benefits.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 50. Health maintenance organizations: Summary of selected features, full-time employees, medium and large private establishments, 1995

| Feature | All employees | Profes- sional, techni- cal, and | Clerical and sales employees | Blue- collar and service |
|---------|---------------|--|------------------------------------|-----------------------------------|
|---------|---------------|--|------------------------------------|-----------------------------------|

| | related employees | | employees | |
|--|----------------------|-------|-----------|-------|
| Number (in thousands) in HMO plans..... | 6,988 | 2,499 | 1,988 | 2,502 |

| | Percent | | | |
|--|---------|-----|-----|-----|
| Total in HMO plans..... | 100 | 100 | 100 | 100 |
| Model type: | | | | |
| Group/staff(1)..... | 31 | 32 | 26 | 34 |
| Individual practice association(2)..... | 43 | 45 | 44 | 42 |
| Mixed model(3)..... | 23 | 21 | 28 | 20 |
| Not determinable..... | 3 | 2 | 2 | 4 |
| Point of service | | | | |
| feature(4)..... | 15 | 16 | 13 | 15 |
| Federally qualified..... | 65 | 66 | 69 | 61 |
| Limit on copayments(5).. | 29 | 27 | 24 | 33 |
| Preventive dental | | | | |
| care(6)..... | 11 | 13 | 8 | 10 |
| Vision screening or examinations..... | 87 | 87 | 87 | 88 |

1 Care is provided at centralized locations.

2 Care is provided by doctors working out of their offices.

3 When an HMO uses a combination of models--group, staff, and individual association--it is referred to as a mixed model.

4 Enrollees may obtain care from non-HMO providers, with limited reimbursement.

5 In these plans, HMO's limit the dollar amount the individual pays after which coverage is in full. For example, there is a copayment limit of \$1,000 after which the HMO covers all services at 100 percent.

6 Includes dental examinations and/or x-rays only.

NOTE: Where applicable, dash indicates no employees in this category.

Table 51. Non-health maintenance organizations: Amount of individual deductible,(1)
full-time employees, medium and large private establishments, 1995

| | | |
|------------------------------|-------------------------|-------------------|
| | All employees | Professional, |
| technical, and | | |
| Clerical and sales employees | Blue-collar and service | |
| employees | | related employees |

Deductible(2)

Pre-

| | | | | | | | |
|-------------------|-------------------------------------|---------------------------------|--------------------------------|----------------------------------|---|----------------------------|----------------------------------|
| Pre-ferred All | Fee-ferred for-vider plans(3) | ferred pro-vider plans(3) | Pre-All non-HMO plans(3) | Fee-ferred for-vider plans | ferred pro-vider organi- zations | All non-HMO plans(3) | Fee-ferred for-vider plans |
|-------------------|-------------------------------------|---------------------------------|--------------------------------|----------------------------------|---|----------------------------|----------------------------------|

| | | | | | | | |
|---|-------|-------|--------|-------|-------|-------|-------|
| Number (in thousands) in non-HMO plans..... | | | 18,558 | 9,430 | 8,770 | 4,968 | 2,187 |
| 2,676 | | | | | | | |
| 4,170 | 1,858 | 2,218 | 9,419 | 5,385 | 3,876 | | |

Percent

| | | | | | | |
|--------------------------------------|-----|-----|-----|-----|-----|-----|
| Total in non-HMO plans.... | 100 | 100 | 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Deductible specified.... | 77 | 91 | 63 | 74 | 92 | |
| 61 | | | | | | |
| 73 | 91 | 60 | 80 | 91 | 67 | |
| Deductible on an annual basis(4).... | 76 | 91 | 63 | 73 | 92 | |
| 60 | | | | | | |
| 73 | 91 | 60 | 80 | 91 | 67 | |
| Based on earnings(5) | 8 | 10 | 6 | 8 | 12 | |
| 6 | | | | | | |
| 7 | 10 | 4 | 9 | 10 | 9 | |
| Flat dollar amount.. | 68 | 81 | 57 | 65 | 80 | |
| 55 | | | | | | |
| 66 | 81 | 56 | 70 | 80 | 59 | |
| Less than \$100.... | 2 | 1 | 2 | 2 | 1 | |
| 3 | | | | | | |
| 1 | 1 | 1 | 2 | 2 | 2 | |
| \$100..... | 17 | 20 | 14 | 12 | 15 | |
| 10 | | | | | | |
| 14 | 18 | 11 | 20 | 23 | 18 | |
| \$101 - \$149..... | (6) | (6) | (6) | (6) | 1 | |
| - | | | | | | |
| (6) | - | (6) | (6) | (6) | - | |
| \$150..... | 9 | 11 | 7 | 9 | 11 | |

| | | | | | | | |
|-----|-----------------------|-----|-----|-----|-----|-----|-----|
| 7 | | | | | | | |
| 7 | 6 | 7 | 10 | 12 | 6 | | |
| | \$151 - \$199..... | | (6) | (6) | 1 | (6) | (6) |
| (6) | | | | | | | |
| (6) | (6) | 1 | 1 | (6) | 1 | | |
| | \$200..... | | 18 | 19 | 17 | 17 | 19 |
| 16 | | | | | | | |
| 18 | 20 | 16 | 18 | 19 | 17 | | |
| | \$201 - \$249..... | | (6) | (6) | (6) | (6) | (6) |
| - | | | | | | | |
| (6) | (6) | 1 | (6) | (6) | (6) | | |
| | \$250..... | | 8 | 11 | 5 | 9 | 14 |
| 4 | | | | | | | |
| 10 | 15 | 7 | 6 | 9 | 4 | | |
| | \$251 - \$299..... | | (6) | (6) | (6) | (6) | (6) |
| (6) | | | | | | | |
| (6) | (6) | (6) | (6) | (6) | - | | |
| | \$300..... | | 5 | 5 | 6 | 6 | 6 |
| 6 | | | | | | | |
| 5 | 6 | 4 | 5 | 4 | 7 | | |
| | Over \$300..... | | 9 | 12 | 6 | 10 | 13 |
| 7 | | | | | | | |
| 11 | 15 | 8 | 7 | 10 | 4 | | |
| | Other..... | | (6) | (6) | (6) | (6) | (6) |
| 1 | | | | | | | |
| (6) | (6) | - | (6) | 1 | - | | |
| | No deductible..... | | 23 | 8 | 36 | 26 | 7 |
| 39 | | | | | | | |
| 26 | 7 | 40 | 20 | 9 | 33 | | |
| | Not determinable..... | | (6) | 1 | (6) | (6) | (6) |
| (6) | | | | | | | |
| 1 | 1 | 1 | (6) | (6) | (6) | | |

Average(7)

| | | | | | |
|----------------------------|-------|-------|-------|-------|-------|
| Average annual deductible. | \$247 | \$264 | \$222 | \$264 | \$285 |
| \$239 | | | | | |
| \$273 | \$295 | \$247 | \$229 | \$245 | \$199 |

1 The deductible is the amount of covered expenses that an individual must pay before any charges are paid by the medical care plan. Deductibles that apply separately to a specific category of expense, such as a deductible for each hospital admission, were excluded from this tabulation.

2 Amount of deductible described is for each insured person. However, many plans contain a maximum family deductible. In some plans, the individual and the family deductibles are identical. If the deductible applied only to dependents' coverage, it was not tabulated.

3 These plans include fee-for-service, preferred provider organizations, and exclusive

provider organizations.

4 Deductibles are calculated on an annual basis, with the enrollee responsible for satisfying a new deductible requirement each plan year.

5 These plans have deductibles that vary by the amount of the participant's earnings.

A typical provision is 1 percent of annual earnings with a maximum deductible of \$150.

6 Less than 0.5 percent.

7 The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 52. Non-health maintenance organizations: Relationship of individual and family deductibles,(1) full-time employees, medium and large private establishments, 1995

| | | | All employees | | | Professional, | |
|---------------------------------------|--|--|-------------------------|--|--|-------------------|--|
| technical, and | | | Blue-collar and service | | | | |
| Clerical and sales employees | | | | | | related employees | |
| employees | | | | | | | |
| Relationship of individual and family | | | | | | Pre- | |
| Pre- | | | | | | | |
| Pre- | | | | | | | |
| deductibles | | | Pre- | | | All | |
| | | | All | | | Fee- | |
| ferred | | | | | | ferred | |
| All | | | All | | | All | |
| Fee- | | | non-HMO | | | non-HMO | |
| ferred | | | for- | | | for- | |
| pro- | | | non-HMO | | | non-HMO | |
| non-HMO | | | plans(2) | | | plans(2) | |
| for- | | | for- | | | for- | |
| pro- | | | service | | | service | |
| vider | | | vider | | | vider | |
| plans(2) | | | plans | | | plans | |
| service | | | plans | | | plans | |
| vider | | | plans | | | plans | |
| organi- | | | organi- | | | organi- | |
| plans | | | plans | | | plans | |
| organi- | | | organi- | | | organi- | |
| zations | | | zations | | | zations | |
| zations | | | zations | | | zations | |
| Number (in thousands) in | | | | | | | |
| non-HMO plans..... | | | | | | | |
| 2,676 | | | 18,558 | | | 4,968 | |
| 4,170 | | | 9,430 | | | 2,187 | |
| 1,858 | | | 8,770 | | | | |
| 2,218 | | | 4,968 | | | | |
| 9,419 | | | 2,187 | | | | |
| 5,385 | | | | | | | |
| 3,876 | | | | | | | |

Percent

| | | | | | | |
|--|-----|-----|-----|-----|-----|-----|
| Total with non-HMO plans.. | 100 | 100 | 100 | 100 | 100 | 100 |
| 100 | | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 | |
| Individual and family deductibles specified | 61 | 70 | 53 | 60 | 72 | |
| 53 | | | | | | |
| 60 | 72 | 51 | 62 | 68 | 55 | |
| Family deductible is multiple of individual deductible(3)..... | 52 | 62 | 43 | 53 | 63 | |
| 46 | | | | | | |
| 50 | 64 | 39 | 53 | 61 | 43 | |
| 1 times..... | (4) | | (4) | (4) | (4) | (4) |
| (4) | | | | | | |
| (4) | (4) | (4) | 1 | 1 | (4) | |
| 1.1 to 1.9 times.... | (4) | | (4) | (4) | (4) | 1 |
| 1 | | | | | | |
| (4) | 1 | (4) | (4) | (4) | (4) | |
| 2 times..... | 22 | 27 | 18 | 24 | 29 | |
| 21 | | | | | | |
| 21 | 28 | 16 | 22 | 26 | 17 | |
| 2.1 to 2.4 times.... | 1 | 2 | - | 1 | 2 | |
| - | | | | | | |
| 2 | 3 | - | 1 | 1 | - | |
| 2.5 times..... | 2 | 2 | 3 | 3 | 3 | |
| 2 | | | | | | |
| 2 | 3 | 2 | 3 | 2 | 4 | |
| 2.6 to 2.9 times.... | 1 | 1 | 1 | 1 | 1 | 1 |
| 1 | | | | | | |
| (4) | (4) | 1 | 1 | 2 | (4) | |
| 3 times..... | 24 | 27 | 21 | 23 | 26 | |
| 21 | | | | | | |
| 24 | 28 | 20 | 24 | 27 | 22 | |
| Greater than 3 times | 1 | 1 | - | (4) | (4) | |
| - | | | | | | |
| (4) | 1 | - | 1 | 2 | - | |
| Specified number of individual deductibles must be met to satisfy family deductible(5)..... | 9 | 8 | 10 | 8 | 9 | |
| 6 | | | | | | |
| 10 | 8 | 12 | 9 | 7 | 12 | |
| Less than 3 individual deductibles..... | 4 | 4 | 4 | 3 | 4 | |
| 2 | | | | | | |
| 4 | 4 | 5 | 4 | 3 | 5 | |
| 3 individual deductibles..... | 5 | 4 | 6 | 5 | 6 | |
| 4 | | | | | | |

| | | | | | | | |
|-----|--|-----|-----|-----|-----|-----|-----|
| 6 | 4 | 8 | 5 | 3 | 7 | | |
| | More than 3 individual deductibles..... | | (4) | (4) | (4) | (4) | (4) |
| (4) | | | | | | | |
| (4) | - | (4) | (4) | (4) | (4) | | |
| | No individual and/or family deductible.... | | 39 | 30 | 46 | 39 | 28 |
| 47 | | | | | | | |
| 39 | 26 | 48 | 38 | 32 | 45 | | |
| | Not determinable..... | | (4) | 1 | (4) | (4) | (4) |
| (4) | | | | | | | |
| 1 | 1 | 1 | (4) | (4) | (4) | | |

1 Deductibles are calculated on an annual basis with the enrollee responsible for satisfying a new deductible requirement each plan year.

2 These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations.

3 For example, the individual deductible requirement is \$100 while the family deductible requirement is \$300.

4 Less than 0.5 percent.

5 For example, the individual requirement is \$100 and three individual deductibles must be met to satisfy the family requirement.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 53. Non-health maintenance organizations: Coinsurance rates, full-time employees, medium and large private establishments, 1995

| | | | All employees | | | Professional, technical, and Clerical and sales employees | |
|-------------|------------|------------|-----------------------------------|---------------|---------------|---|---------|
| | | | Blue-collar and service employees | | | related employees | |
| Coinsurance | | | Pre- | | | | |
| Pre-ferred | Pre-ferred | Pre-ferred | Pre-All | Fee-ferred | ferred | All | Fee- |
| All | Fee-ferred | ferred | All non- | Fee-for- | ferred pro- | non- | for- |
| pro-non- | for- | pro- | non-HMO | for-service | pro-vider | HMO | service |
| vider HMO | service | vider | HMO plans(1) | service plans | vider organi- | plans(1) | plans |

| organi- plans(1) zations | plans | organi- plans(1) zations | plans | plans | organi- zations | | |
|--|-------|--------------------------------|--------|-------|--------------------|-------|-------|
| Number (in thousands) in non-HMO plans..... | | | 18,558 | 9,430 | 8,770 | 4,968 | 2,187 |
| 2,676 | | | | | | | |
| 4,170 | 1,858 | 2,218 | 9,419 | 5,385 | 3,876 | | |

Percent

| | | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|-----|-----|
| Total with non-HMO plans.. | | | 100 | 100 | 100 | 100 | 100 |
| 100 | | | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 | | |
| With coinsurance(2)..... | | | 84 | 95 | 75 | 80 | 95 |
| 69 | | | | | | | |
| 85 | 96 | 79 | 85 | 94 | 76 | | |
| Coinsurance rate(3) | | | | | | | |
| 80 percent..... | | | 60 | 82 | 38 | 54 | 81 |
| 35 | | | | | | | |
| 55 | 81 | 35 | 65 | 83 | 43 | | |
| 85 percent..... | | | 4 | 4 | 4 | 3 | 4 |
| 2 | | | | | | | |
| 5 | 5 | 6 | 4 | 4 | 5 | | |
| 90 percent..... | | | 16 | 4 | 30 | 19 | 6 |
| 31 | | | | | | | |
| 21 | 5 | 36 | 13 | 3 | 27 | | |
| Other percent..... | | | 3 | 5 | 2 | 3 | 5 |
| 2 | | | | | | | |
| 4 | 5 | 2 | 3 | 4 | 1 | | |
| Varies(4)..... | | | (5) | (5) | - | - | - |
| - | | | | | | | |
| (5) | 1 | - | (5) | (5) | - | | |
| Without coinsurance(6).. | | | 16 | 5 | 25 | 20 | 5 |
| 31 | | | | | | | |
| 15 | 4 | 21 | 15 | 6 | 24 | | |

1 These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations.

2 Represents the initial coinsurance in plans that have 100 percent coverage after the individual pays a specified dollar amount toward expenses. For example, the plan pays 80 percent until the individual's out-of-pocket expenses reach \$1,000, and then coverage is at 100 percent.

3 A few plans have more than one coinsurance rate. In those cases, the coinsurance rate shown is that which applies to the majority of benefits under the plan.

4 The overall coinsurance rate varies by specified dollar amount of expenses. For example, 80 percent coverage up to \$5,000 and 90 percent thereafter.

5 Less than 0.5 percent.

6 Includes plans with overall benefit limitations, such as maximum dollar amounts and deductibles, where the coinsurance rate is 100 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 54. Non-health maintenance organizations: Maximum out-of-pocket expense provisions, full-time employees, medium and large private establishments, 1995

| | | | | | | |
|------------------------------|--|--|-------------------------|--|-------------------|--|
| | | | All employees | | Professional, | |
| technical, and | | | | | | |
| Clerical and sales employees | | | Blue-collar and service | | related employees | |
| employees | | | | | | |

| Item | | | Pre- | | | | |
|---|----------|---------|----------|---------|---------|----------|---------|
| Pre- | Pre- | | Pre- | Fee- | ferred | All | Fee- |
| ferred | All | Fee- | All | Fee- | ferred | non-HMO | for- |
| pro- | non-HMO | for- | non-HMO | for- | pro- | plans(1) | service |
| vider | plans(1) | service | plans(1) | service | vider | plans | plans |
| organi- | plans | organi- | plans | organi- | zations | | |
| zations | zations | | zations | | | | |
| Number (in thousands) with non-HMO plans..... | | | 18,558 | 9,430 | 8,770 | 4,968 | 2,187 |
| 2,676 | | | | | | | |
| 4,170 | 1,858 | 2,218 | 9,419 | 5,385 | 3,876 | | |

Percent

| | | | | | | |
|----------------------------|-----|-----|-----|-----|-----|-----|
| Total with non-HMO plans.. | 100 | 100 | 100 | 100 | 100 | 100 |
| 100 | | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 | |

| | | | | | | | |
|-----|-----------------------|-----|-----|-----|-----|-----|--|
| | With limit on | | | | | | |
| | out-of-pocket expense | 83 | 88 | 79 | 81 | 90 | |
| 74 | | | | | | | |
| 85 | 90 81 | 83 | 86 | 80 | | | |
| | With an annual dollar | | | | | | |
| | maximum on | | | | | | |
| | out-of-pocket | | | | | | |
| | expense(2)..... | 71 | 77 | 66 | 71 | 80 | |
| 64 | | | | | | | |
| 71 | 79 65 | 72 | 75 | 69 | | | |
| | Per individual: | | | | | | |
| | \$1 - \$299..... | 1 | 1 | 1 | 2 | 2 | |
| 3 | | | | | | | |
| 1 | 1 1 | 1 | 1 | 1 | | | |
| | \$300..... | 1 | (3) | 1 | (3) | 1 | |
| (3) | | | | | | | |
| 1 | 1 1 | 1 | (3) | 2 | | | |
| | \$301 - \$399..... | (3) | - | (3) | (3) | - | |
| (3) | | | | | | | |
| (3) | - (3) | (3) | - | (3) | | | |
| | \$400..... | 4 | 4 | 3 | 3 | 4 | |
| 2 | | | | | | | |
| 3 | 4 3 | 4 | 4 | 4 | | | |
| | \$401 - \$499..... | (3) | (3) | (3) | (3) | (3) | |
| (3) | | | | | | | |
| (3) | - (3) | (3) | (3) | (3) | | | |
| | \$500..... | 6 | 5 | 7 | 6 | 5 | |
| 6 | | | | | | | |
| 6 | 5 8 | 6 | 6 | 6 | | | |
| | \$501 - \$749..... | 3 | 5 | 2 | 2 | 3 | |
| 2 | | | | | | | |
| 4 | 7 1 | 4 | 6 | 2 | | | |
| | \$750 - \$999..... | 6 | 5 | 7 | 8 | 9 | |
| 8 | | | | | | | |
| 6 | 4 8 | 4 | 4 | 5 | | | |
| | \$1,000..... | 18 | 15 | 21 | 16 | 16 | |
| 16 | | | | | | | |
| 16 | 16 17 | 19 | 13 | 27 | | | |
| | \$1,001 - \$1,499... | 7 | 9 | 6 | 7 | 9 | |
| 6 | | | | | | | |
| 9 | 12 7 | 6 | 7 | 5 | | | |
| | \$1,500 - \$1,999... | 11 | 15 | 8 | 11 | 14 | |
| 8 | | | | | | | |
| 9 | 10 8 | 13 | 17 | 7 | | | |
| | \$2,000..... | 8 | 8 | 7 | 7 | 5 | |
| 8 | | | | | | | |
| 8 | 9 7 | 8 | 9 | 6 | | | |
| | \$2,000 or greater. | 7 | 9 | 5 | 8 | 13 | |
| 5 | | | | | | | |
| 8 | 11 5 | 6 | 7 | 5 | | | |
| | Per family: | | | | | | |
| | \$1 - \$499..... | 1 | 1 | - | (3) | 1 | |
| - | | | | | | | |
| (3) | 1 - | 1 | 1 | - | | | |
| | \$500 - \$749..... | 2 | 2 | 2 | 3 | 2 | |
| 4 | | | | | | | |

| | | | | | | | |
|-----|--|-----|-----|-----|-----|-----|--|
| 2 | 4 | 1 | 1 | 1 | 1 | | |
| | \$750 - \$999..... | 1 | 2 | 1 | 1 | 2 | |
| 1 | | | | | | | |
| 2 | 3 | (3) | 1 | 1 | 1 | | |
| | \$1,000..... | 4 | 3 | 4 | 3 | 2 | |
| 4 | | | | | | | |
| 4 | 3 | 5 | 4 | 3 | 5 | | |
| | \$1,001 - \$1,249... | 1 | 1 | 1 | 1 | 1 | |
| 1 | | | | | | | |
| 1 | 1 | 1 | 2 | 2 | 2 | | |
| | \$1,250 - \$1,499... | (3) | 1 | (3) | (3) | 1 | |
| (3) | | | | | | | |
| 1 | 1 | (3) | (3) | (3) | (3) | | |
| | \$1,500..... | 2 | 3 | 1 | 3 | 4 | |
| 2 | | | | | | | |
| 1 | 2 | 1 | 2 | 3 | 1 | | |
| | \$1,501 - \$1,999... | 2 | 2 | 3 | 3 | 2 | |
| 4 | | | | | | | |
| 3 | 2 | 4 | 2 | 1 | 2 | | |
| | \$2,000..... | 6 | 5 | 7 | 8 | 7 | |
| 8 | | | | | | | |
| 6 | 5 | 6 | 6 | 4 | 7 | | |
| | \$2,001 - \$2,999... | 7 | 8 | 6 | 9 | 8 | |
| 11 | | | | | | | |
| 7 | 11 | 3 | 6 | 7 | 4 | | |
| | \$3,000..... | 11 | 11 | 10 | 8 | 9 | |
| 7 | | | | | | | |
| 7 | 6 | 7 | 14 | 14 | 14 | | |
| | \$3,001 or greater. | 12 | 13 | 10 | 13 | 16 | |
| 10 | | | | | | | |
| 13 | 16 | 10 | 11 | 12 | 9 | | |
| | No family maximum. | 15 | 17 | 13 | 13 | 19 | |
| 9 | | | | | | | |
| 15 | 16 | 15 | 16 | 17 | 15 | | |
| | Family maximum cannot be computed(4).... | 8 | 8 | 8 | 6 | 6 | |
| 5 | | | | | | | |
| 10 | 8 | 12 | 8 | 8 | 8 | | |
| | Annual maximum on out-of-pocket expense based on earnings..... | 9 | 8 | 10 | 8 | 8 | |
| 8 | | | | | | | |
| 11 | 8 | 15 | 8 | 7 | 9 | | |
| | Annual maximum on out-of-pocket expense varies by coinsurance rate(5) | 3 | 4 | 2 | 2 | 3 | |
| 1 | | | | | | | |
| 2 | 4 | 1 | 3 | 4 | 2 | | |
| | Other..... | (3) | (3) | (3) | (3) | (3) | |
| (3) | | | | | | | |
| (3) | (3) | (3) | (3) | (3) | - | | |
| | No out-of-pocket expense required(6)..... | 6 | 3 | 9 | 5 | 2 | |
| 8 | | | | | | | |

| | | | | | | | |
|----|-----------------------|---|-----|-----|-----|-----|-----|
| 5 | 2 | 8 | 7 | 5 | 11 | | |
| | No limit on | | | | | | |
| | out-of-pocket expense | | 11 | 9 | 11 | 14 | 8 |
| 17 | | | | | | | |
| 9 | 8 | 9 | 10 | 9 | 9 | | |
| | Not determinable..... | | (3) | (3) | 1 | (3) | (3) |
| 1 | | | | | | | |
| 1 | (3) | 2 | (3) | (3) | (3) | | |

Average(7)

| | | | | | | | |
|-------------------------|---------|---------|---------|---------|---------|---------|---------|
| Average annual dollar | | | | | | | |
| maximum on individual | | | | | | | |
| out-of-pocket expense.. | | | | | | | |
| | | | \$1,358 | \$1,450 | \$1,229 | \$1,419 | \$1,542 |
| \$1,293 | | | | | | | |
| \$1,354 | \$1,439 | \$1,247 | \$1,328 | \$1,414 | \$1,179 | | |
| Average annual dollar | | | | | | | |
| maximum on family | | | | | | | |
| out-of-pocket expense.. | | | | | | | |
| | | | 2,858 | 2,923 | 2,738 | 2,894 | 3,135 |
| 2,654 | | | | | | | |
| 2,948 | 2,980 | 2,878 | 2,801 | 2,807 | 2,736 | | |

1 These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations.

2 Deductible amounts were excluded from computation of the out-of-pocket dollar limits.

With rare exceptions, an out-of-pocket limit was specified on an annual basis. Few workers were in plans where the expense limit applied to a disability or a period other than a year. Charges for certain services, such as mental health care, may not be counted toward the out-of-pocket maximum.

3 Less than 0.5 percent.

4 These are plans where a family maximum is stated in such a way that it cannot be computed. For example, the individual out-of-pocket expense is limited to \$1,000 per year and the family out-of-pocket expense is limited to three individuals. The family out-of-pocket expense cannot be computed because each of the three individuals must separately reach an out-of-pocket limit of \$1,000. Thus, if two individuals each reach \$1,000 in their out-of-pocket expenses, and two other family members reach \$900 and \$800 respectively in out-of-pocket expenses, the family out-of-pocket limit would not have been met. A family dollar maximum cannot be computed in this example.

5 Some plans reimburse medical expenses at more than one coinsurance rate. They impose a limit on out-of-pocket expenses by specifying a maximum on covered medical expenses beyond which all expenses are paid at 100

percent.

6 All covered expenses are paid at 100 percent.

7 The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 55. Non-health maintenance organizations: Maximum benefit provisions, full-time employees, medium and large private establishments, 1995

| Maximum(1) | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with non-HMO plans..... | 18,558 | 4,968 | 4,170 | 9,419 |
| Percent | | | | |
| Total with non-HMO plans.. | 100 | 100 | 100 | 100 |
| With maximum limits..... | 72 | 68 | 68 | 76 |
| Lifetime maximum only. | 70 | 68 | 67 | 72 |
| Less than \$250,000.. | 2 | (2) | 1 | 3 |
| \$250,000..... | 4 | 1 | 3 | 6 |
| \$250,001 - \$499,999. | 1 | 1 | (2) | 1 |
| \$500,000..... | 6 | 5 | 5 | 7 |
| \$500,001 - \$999,999. | 1 | (2) | 1 | 2 |
| \$1,000,000..... | 47 | 48 | 50 | 45 |
| More than \$1,000,000 | 9 | 13 | 7 | 8 |
| Annual or disability maximum only..... | (2) | (2) | 1 | (2) |
| Both lifetime and annual or disability maximums | 1 | 1 | (2) | 2 |
| Other maximum..... | (2) | - | - | (2) |
| Without maximum limits.. | 27 | 31 | 31 | 24 |
| Not determinable..... | 1 | 1 | 1 | (2) |
| Average(3) | | | | |
| Average lifetime maximum.. | 1026396 | 1174864 | 1040008 | \$949,870 |

1 Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee

maximum was tabulated.

2 Less than 0.5 percent.

3 The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 56. Medical care benefits: Average major medical provisions, full-time employees, medium and large private establishments, 1995

| Average(1) | All employees | Profes- sional, technical, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|---------------|---|------------------------------------|---|
| Annual deductible(2) | | | | |
| Individual..... | \$247 | \$264 | \$273 | \$229 |
| Family..... | 618 | 635 | 709 | 572 |
| Annual out-of-pocket expense maximum(3) | | | | |
| Individual..... | 1,358 | 1,419 | 1,354 | 1,328 |
| Family..... | 2,858 | 2,894 | 2,948 | 2,801 |
| Lifetime maximum(4)..... | 1,026,396 | 1,174,864 | 1,040,008 | 949,870 |

1 The average is presented for all covered workers; averages exclude workers without the plan provision.

2 The deductible is the amount of covered expenses that an individual or family must pay before any charges are paid by the medical care plan. Deductibles that apply separately to a specific category of expense, such as a deductible for each hospital admission, were excluded from this tabulation.

3 The out-of-pocket expense maximum is the amount an individual or family must pay before the plan will pay 100 percent of additional charges. Deductible amounts were excluded from computation of the out-of-pocket dollar limits. Usually, out-of-pocket limits were specified on an annual basis. Charges for certain services, such as mental health care, may not be counted toward the out-of-pocket maximum.

4 The maximum is the total amount of expenses that the plan will pay. Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

Table 57. Preferred provider organizations:(1) Summary of selected features, full-time employees, medium and large private establishments, 1995

| Item | All employees | Profes- sional, techni- cal, and related | Clerical and sales employees | Blue- collar and service employees |
|------|---------------|--|------------------------------------|--|
|------|---------------|--|------------------------------------|--|

employees

| | | | | |
|--|-------|-------|-------|-------|
| Number (in thousands) in PPO plans..... | 8,770 | 2,676 | 2,218 | 3,876 |
|--|-------|-------|-------|-------|

Percent

| | | | | |
|---------------------------|-----|-----|-----|-----|
| Total with PPO plans..... | 100 | 100 | 100 | 100 |
|---------------------------|-----|-----|-----|-----|

Services subject to PPO
incentive:

| | | | | |
|------------------------------------|----|----|----|----|
| Hospital room and board..... | 94 | 96 | 97 | 91 |
| Surgery..... | 92 | 90 | 94 | 92 |
| Physician's in-hospital visits. | 92 | 90 | 93 | 92 |
| Office visits..... | 83 | 83 | 87 | 80 |
| Outpatient prescription drugs. | 39 | 38 | 41 | 39 |

Type of PPO

incentives:(2)

| | | | | |
|--|----|----|----|----|
| Coinsurance rate differs..... | 92 | 94 | 88 | 93 |
| Lower annual deductible..... | 49 | 46 | 51 | 49 |
| Higher lifetime maximum benefit limit..... | 8 | 8 | 9 | 9 |
| Lower catastrophic maximum limit..... | 54 | 54 | 52 | 55 |
| Lower hospital deductible..... | 18 | 21 | 16 | 17 |
| Office visits copayment..... | 40 | 45 | 44 | 35 |
| Outpatient prescription drugs copayment..... | 20 | 22 | 22 | 19 |
| Discounted for PPO(3)... | 7 | 5 | 11 | 6 |
| Not determinable..... | 1 | 1 | 1 | 2 |

1 A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmember services.

2 Sum of individual items is greater than the total because many plan participants were in plans with more than one incentive.

3 The amount of total expenses incurred by the individual is discounted under the PPO. For example, under the non-PPO, total expenses are \$10,000; under the PPO, total expenses are discounted by 10 percent.

NOTE: Where applicable, dash indicates no employees in this category.

Table 58. Preferred provider organizations:(1) Coinsurance rate comparison with traditional fee-for-service plans, full-time employees, medium and large private establishments, 1995

| Item | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) in PPO plans..... | 8,770 | 2,676 | 2,218 | 3,876 |
| Percent | | | | |
| Total with PPO plans..... | 100 | 100 | 100 | 100 |
| Overall coinsurance rate differs based on | | | | |
| PPO(2)..... | 92 | 94 | 88 | 93 |
| 100 vs 80..... | 17 | 15 | 13 | 22 |
| 90 vs 80..... | 9 | 8 | 13 | 8 |
| 100 vs 70..... | 8 | 12 | 7 | 6 |
| 90 vs 70..... | 22 | 18 | 22 | 25 |
| 80 vs 70..... | 8 | 8 | 6 | 8 |
| 80 vs 60..... | 8 | 10 | 8 | 6 |
| Other coinsurance rate | 20 | 23 | 19 | 17 |
| Overall coinsurance rate does not differ based on PPO..... | 7 | 5 | 12 | 5 |
| Not determinable..... | 1 | 1 | 1 | 2 |

1 A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmember services.

2 The first figure is the percentage of covered expenses paid by the plan when a preferred provider is used; the second figure is the percentage of expenses paid by the plan when a non-preferred provider is used.

NOTE: Because of rounding sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 59. Medical care benefits: Availability of managed care benefits, full-time employees, medium and large private establishments, 1995

| | |
|----------|--------|
| Profes- | Blue- |
| sional, | collar |
| Clerical | |

| Managed care plan | All employees | technical, and related employees | and sales employees | and service employees |
|--|---------------|----------------------------------|---------------------|-----------------------|
| Number (in thousands) with medical care..... | 25,546 | 7,467 | 6,158 | 11,921 |
| | Percent | | | |
| Total with medical care... | 100 | 100 | 100 | 100 |
| With managed care benefits..... | 91 | 92 | 92 | 90 |
| Traditional fee-for-service with managed care features(1)..... | 28 | 21 | 22 | 35 |
| Preferred provider organization(2).... | 34 | 36 | 36 | 33 |
| Exclusive provider organization(3).... | 1 | 1 | 2 | 1 |
| Prepaid health maintenance organization(4).... | 27 | 33 | 32 | 21 |
| Without managed care.... | 9 | 8 | 8 | 10 |

1 Fee-for-service plans with preadmission certification or mandatory second surgical opinion features.

2 A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmember services.

3 An exclusive provider organization is a group of hospitals and physicians that contract to provide comprehensive medical services. Participants are required to obtain services from members of the organization to receive plan benefits.

4 A health maintenance organization provides a prescribed set of benefits to enrollees for a fixed payment.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 60. Non-health maintenance organizations: Availability of selected cost containment features, full-time employees, medium and large private establishments, 1995

| Cost containment feature | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--------------------------|---------------|--|------------------------------|-----------------------------------|
|--------------------------|---------------|--|------------------------------|-----------------------------------|

| | employees | | | |
|---|-----------|-------|-------|-------|
| Number (in thousands) in non-HMO plans..... | 18,558 | 4,968 | 4,170 | 9,419 |
| | Percent | | | |
| Total with non-HMO plans.. | 100 | 100 | 100 | 100 |
| With cost containment features..... | 77 | 74 | 75 | 79 |
| Preadmission certification requirement..... | 65 | 64 | 64 | 67 |
| Utilization or concurrent review.. | 38 | 35 | 39 | 39 |
| Preadmission testing.. | 42 | 40 | 37 | 45 |
| Nonemergency weekend admission restriction..... | 10 | 10 | 9 | 10 |
| Hospital audit program | 7 | 7 | 8 | 6 |
| Other feature..... | (1) | (1) | - | (1) |

1 Less than 0.5 percent.

NOTE: Sum of individual items may be greater than the total because many participants were in plans with more than one type of cost containment feature.

Table 61. Non-health maintenance organizations:
Prehospitalization certification requirements, full-time
employees, medium and large private establishments, 1995

| Managed care plan | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Number (in thousands) with preadmission certification..... | 12,119 | 3,165 | 2,690 | 6,264 |
| | Percent | | | |
| Total with preadmission certification..... | 100 | 100 | 100 | 100 |
| Plan does not impose penalty..... | 4 | 6 | 5 | 2 |

| | | | | |
|--|-----|----|-----|-----|
| Plan does impose penalty | 96 | 94 | 95 | 98 |
| No benefit..... | 4 | 4 | 4 | 5 |
| Deductible on hospital admission..... | 34 | 32 | 39 | 33 |
| Less than \$100..... | 1 | - | (1) | 1 |
| \$100 - \$199..... | 5 | 5 | 6 | 4 |
| \$200 - \$299..... | 12 | 7 | 15 | 13 |
| \$300 - \$399..... | 6 | 10 | 5 | 4 |
| \$400 - \$499..... | 2 | 3 | 1 | 2 |
| \$500 or greater..... | 9 | 7 | 12 | 9 |
| Reduced coinsurance paid by plan..... | 19 | 18 | 14 | 21 |
| 40 percent..... | (1) | - | (1) | (1) |
| 50 percent..... | 11 | 13 | 6 | 12 |
| 60 percent..... | 2 | 2 | 2 | 1 |
| 80 percent..... | 1 | 1 | 2 | 1 |
| Other percent..... | 5 | 3 | 5 | 6 |
| Reduced coinsurance by 20 percent..... | 11 | 13 | 9 | 11 |
| 25 percent..... | 4 | 6 | 4 | 3 |
| 50 percent..... | 1 | 1 | 1 | 1 |
| Other percent..... | 5 | 6 | 4 | 5 |
| Other percent..... | 1 | 1 | 1 | 2 |
| Reduced coinsurance paid by plan up to maximum deductible on hospital admission..... | 7 | 6 | 5 | 8 |
| Reduced coinsurance and separate deductible per admission..... | 2 | 2 | 1 | 2 |
| Other..... | 4 | 3 | 4 | 5 |
| Penalty not determinable..... | 14 | 15 | 18 | 12 |

1 Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 62. Non-health maintenance organizations: Second surgical opinion provisions, full-time employees, medium and large establishments, 1995

| Second surgical opinion | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) in non-HMO plans..... | 18,558 | 4,968 | 4,170 | 9,419 |

| | Percent | | | |
|---|---------|-----|-----|-----|
| Total with non-HMO plans.. | 100 | 100 | 100 | 100 |
| With second surgical opinion program..... | 53 | 55 | 51 | 54 |
| With no penalties for non-compliance..... | 31 | 33 | 31 | 30 |
| With penalties for non-compliance..... | 22 | 21 | 20 | 23 |
| Coinsurance reduced to: | | | | |
| 60 percent..... | 1 | 1 | 2 | 1 |
| 50 percent..... | 9 | 10 | 8 | 9 |
| 40 percent..... | 1 | 2 | 1 | 1 |
| Other..... | 4 | 3 | 4 | 4 |
| Lower schedule of payments..... | (1) | (1) | (1) | (1) |
| No coverage..... | (1) | (1) | (1) | (1) |
| Deductible imposed.. | 3 | 3 | 2 | 4 |
| Other penalties..... | (1) | (1) | (1) | 1 |
| Penalty not determinable..... | 2 | 1 | 2 | 3 |
| No second surgical opinion program(2)... | 47 | 45 | 49 | 46 |

1 Less than 0.5 percent.

2 Includes plans in which documentation does not detail a second surgical opinion program. By definition, managed care plans, such as preferred provider organizations integrate second surgical opinion programs as part of their structure. These managed care plans are quite often responsible for initiating the second surgical opinion program. When this occurs, that program was not tabulated.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 63. Non-health maintenance organizations: Extent of coverage for hospital room and board, full-time employees, medium and large private establishments, 1995

| Extent of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) in non-HMO plans with hospital room and board coverage..... | 18,558 | 4,968 | 4,170 | 9,419 |

| | Percent | | | |
|---|---------|-----|-----|-----|
| Total in non-HMO plans with hospital room and board coverage..... | 100 | 100 | 100 | 100 |
| First dollar coverage only(1)..... | 9 | 8 | 10 | 9 |
| First dollar coverage then major medical..... | 22 | 27 | 21 | 20 |
| Major medical only(2)..... | 69 | 65 | 69 | 70 |

1 Includes plans in which all expenses were reimbursed for the full semiprivate room rate, for a specified dollar amount, or for a limited or unlimited number of days.

2 Major medical limits are expressed only in terms of total benefits payable under the plan rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 64. Non-health maintenance organizations: Types of limitations on hospital room and board coverage, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Number (in thousands) in non-HMO plans with hospital room and board coverage..... | 18,558 | 4,968 | 4,170 | 9,419 |

| | Percent | | | |
|---|---------|-----|-----|-----|
| Total in non-HMO plans with hospital room and board coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 6 | 6 | 7 | 5 |
| Subject to limits other than major medical... | 26 | 29 | 24 | 25 |
| Separate copayment.... | 10 | 14 | 12 | 8 |
| Separate coinsurance.. | 3 | 5 | 2 | 3 |
| Limits on days..... | 13 | 13 | 11 | 15 |

| | | | | | |
|-------------------------|-------|-----|-------|-----|-----|
| separate copayment..... | 1,200 | 534 | 1,220 | 318 | 174 |
| 466 | | | | | |
| 365 | 128 | 336 | 518 | 232 | 417 |

Percent

| | | | | | |
|--|-----|-----|-----|-----|-----|
| Total with separate copayment..... | 100 | 100 | 100 | 100 | 100 |
| 100 | | | | | |
| 100 | 100 | 100 | 100 | 100 | 100 |
| Per confinement..... | 83 | 84 | 79 | 85 | 85 |
| 71 | | | | | |
| 90 | 83 | 87 | 76 | 83 | 80 |
| \$100..... | 18 | 30 | 28 | 22 | 19 |
| 28 | | | | | |
| 10 | 19 | 38 | 21 | 43 | 21 |
| \$200..... | 24 | 18 | 17 | 18 | 13 |
| 18 | | | | | |
| 42 | 17 | 17 | 15 | 23 | 15 |
| \$250..... | 13 | 2 | 4 | 13 | 3 |
| (5) | | | | | |
| 11 | 2 | 7 | 14 | (5) | 6 |
| \$300..... | 1 | 25 | 11 | 1 | 37 |
| 10 | | | | | |
| 1 | 36 | 4 | 2 | 10 | 18 |
| \$400..... | 1 | 3 | - | (5) | 2 |
| - | | | | | |
| 1 | - | - | 1 | 5 | - |
| \$500..... | 8 | - | - | 3 | - |
| - | | | | | |
| 9 | - | - | 9 | - | - |
| Greater than \$500..... | 2 | 2 | - | 2 | (5) |
| - | | | | | |
| 4 | 7 | - | 1 | (5) | - |
| Other..... | 16 | 4 | 18 | 26 | 10 |
| 15 | | | | | |
| 10 | 2 | 21 | 13 | 1 | 20 |
| Limited to maximum amount per year(6)... | 10 | 2 | 8 | 9 | 3 |
| 11 | | | | | |
| 6 | 1 | 2 | 13 | 1 | 10 |
| Copayment per year..... | 2 | 6 | 4 | 1 | 5 |
| 2 | | | | | |
| 2 | 10 | 4 | 2 | 5 | 6 |
| Copayment per day..... | 17 | 9 | 21 | 16 | 14 |
| 31 | | | | | |
| 10 | 6 | 17 | 24 | 6 | 14 |
| Copayment limited to a specified number of days..... | - | 6 | (5) | - | 5 |
| (5) | | | | | |
| - | 3 | (5) | - | 10 | - |

1 A copayment is the amount of covered expenses that an individual must pay before any charges are paid by the medical care plan.

2 Includes federally qualified (those meeting standards of the Health Maintenance Organization Act of 1973, as amended) and other HMO's delivering comprehensive health care on a prepayment rather than fee-for-service basis.

3 These plans pay for specific medical procedures as expenses are incurred.

4 A preferred provider organization (PPO) is a group of hospitals and physicians that contracts to provide comprehensive medical services. To encourage use of organization members, the health care plan limits reimbursement rates when participants use nonmember services.

5 Less than 0.5 percent.

6 These are plans where a limit is placed on the maximum copayment an individual is responsible for during the year. For example, an individual is subject to a copayment of \$100 per confinement with a limit of \$300 per year.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 66. Non-health maintenance organizations: Extent of coverage for extended care facilities, full-time employees, medium and large private establishments, 1995

| Extent of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) in non-HMO plans with extended care benefits. | 13,116 | 3,716 | 2,917 | 6,483 |
| Percent | | | | |
| Total in non-HMO plans with extended care benefits..... | 100 | 100 | 100 | 100 |
| First dollar coverage only(1)..... | 11 | 12 | 11 | 11 |
| First dollar coverage then major medical... | 70 | 65 | 70 | 72 |
| Major medical only(2)... | 19 | 23 | 19 | 17 |

1 Includes plans in which all expenses were reimbursed for the full semiprivate room rate, for a specified dollar amount, or for

a limited or unlimited number of days.

2 Major medical limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 67. Non-health maintenance organizations: Types of limitations on extended care facilities, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|---|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) in non-HMO plans with extended care benefits. | 13,116 | 3,716 | 2,917 | 6,483 |
| Percent | | | | |
| Total in non-HMO plans with extended care benefits..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 2 | 2 | 2 | 2 |
| Subject to limits other than major medical... | 79 | 75 | 79 | 81 |
| Limit on days..... | 71 | 66 | 72 | 74 |
| Limit on dollars..... | 3 | 4 | 3 | 2 |
| Separate coinsurance.. | 6 | 8 | 6 | 5 |
| Limited to maximum percentage rate of prior hospital confinement..... | 15 | 11 | 17 | 15 |
| Other limits..... | 4 | 6 | 4 | 2 |
| Limits not determinable..... | 1 | 1 | (1) | 1 |
| Major medical limits only(2)..... | 19 | 23 | 19 | 17 |

1 Less than 0.5 percent.

2 Major medical limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

NOTE: Sum of individual items may be greater than the total

because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 68. Non-health maintenance organizations: Limitations on days of extended care facility coverage, full-time employees, medium and large private establishments, 1995

| Day limits | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) in non-HMO plans with day limits on extended care | 8,822 | 2,270 | 2,012 | 4,540 |
| Percent | | | | |
| Total in non-HMO plans with day limits on extended care..... | 100 | 100 | 100 | 100 |
| First dollar coverage(1) for a limited number of days per confinement..... | 11 | 9 | 7 | 14 |
| 30 days..... | (2) | 1 | (2) | (2) |
| 60 days..... | 3 | 1 | 2 | 4 |
| 90 days..... | (2) | (2) | (2) | (2) |
| 120 days..... | 1 | 2 | 2 | 1 |
| 180 days..... | (2) | (2) | (2) | (2) |
| Other..... | 6 | 4 | 3 | 9 |
| Major medical coverage(3) for a limited number of days per confinement. | 41 | 45 | 41 | 38 |
| 30 days..... | 1 | 1 | (2) | 1 |
| 60 days..... | 13 | 14 | 14 | 12 |
| 90 days..... | 3 | 7 | 2 | 2 |
| 100 days..... | 5 | 7 | 6 | 3 |
| 120 days..... | 10 | 10 | 13 | 9 |
| 180 days..... | 2 | 5 | 1 | 2 |
| Other..... | 6 | 2 | 5 | 10 |
| First dollar coverage(1) for a limited number of days per year..... | 5 | 6 | 6 | 5 |
| 60 days..... | 1 | 2 | 1 | 1 |
| 100 days..... | 3 | 2 | 4 | 3 |
| 120 days..... | 1 | 1 | 1 | 1 |
| 180 days..... | (2) | (2) | (2) | (2) |
| Other..... | (2) | (2) | (2) | (2) |

| | | | | |
|---|-----|-----|-----|-----|
| Major medical coverage(3) for a limited number of days per year..... | 43 | 40 | 46 | 43 |
| 60 days..... | 17 | 12 | 13 | 21 |
| 90 days..... | 2 | 2 | 4 | 2 |
| 100 days..... | 7 | 8 | 6 | 8 |
| 120 days..... | 11 | 12 | 17 | 9 |
| 180 days..... | (2) | (2) | (2) | (2) |
| Other..... | 5 | 7 | 6 | 4 |
| First dollar coverage(1) for a limited number of days per lifetime. | (2) | 1 | (2) | (2) |
| Major medical coverage(3) for a limited number of days per lifetime.... | 2 | 3 | 3 | 2 |
| Days not determinable... | (2) | 1 | (2) | (2) |

1 Includes plans in which all expenses were reimbursed for the full semiprivate room rate, for a specified dollar amount, or for a limited or unlimited number of days.

2 Less than 0.5 percent.

3 Major medical limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

NOTE: Sum of individual items may be greater than the total because some participants were in plans with more than one type of day limit. Where applicable, dash indicates no employees in this category.

Table 69. Health maintenance organizations: Extent of coverage for extended care facilities, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) in HMO plans with extended care benefits..... | 5,563 | 2,002 | 1,481 | 2,080 |
| Percent | | | | |
| Total in HMO plans with extended care benefits. | 100 | 100 | 100 | 100 |
| Covered in full..... | 14 | 16 | 13 | 13 |

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Day limit..... | 81 | 81 | 77 | 84 |
| Per year..... | 60 | 60 | 58 | 60 |
| 30 days..... | 4 | 3 | 3 | 5 |
| 60 days..... | 7 | 6 | 7 | 8 |
| 90 days..... | 2 | 2 | 2 | 3 |
| 100 days..... | 35 | 41 | 39 | 26 |
| Other..... | 12 | 8 | 8 | 19 |
| Per confinement..... | 20 | 20 | 19 | 21 |
| 30 days..... | 1 | 1 | (1) | (1) |
| 60 days..... | 4 | 5 | 3 | 3 |
| 90 days..... | (1) | (1) | (1) | 1 |
| 100 days..... | 10 | 12 | 10 | 9 |
| Other..... | 6 | 3 | 5 | 9 |
| Per lifetime..... | 1 | 1 | 1 | 1 |
| Not determinable..... | 1 | (1) | 1 | 2 |
| Other limits (only)..... | 5 | 2 | 10 | 3 |

1 Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 70. Non-health maintenance organizations: Extent of coverage for surgical services, full-time employees, medium and large private establishments, 1995

| Type of surgery and extent of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|------------------|---|------------------------------------|--|
| Number (in thousands) in non-HMO plans with inpatient surgery..... | 18,558 | 4,968 | 4,170 | 9,419 |
| Number (in thousands) in non-HMO plans with outpatient surgery..... | 18,558 | 4,968 | 4,170 | 9,419 |
| Percent | | | | |
| Inpatient surgery | | | | |
| Total in non-HMO plans with inpatient surgery..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 11 | 13 | 10 | 11 |
| Subject to limits other than major | | | | |

| | | | | |
|---|-----|-----|-----|-----|
| medical..... | 7 | 6 | 7 | 8 |
| Dollar limit..... | 3 | 1 | 2 | 4 |
| Separate coinsurance | 3 | 4 | 3 | 3 |
| Separate deductible. | 1 | 1 | 2 | 1 |
| Other limit..... | (1) | (1) | (1) | (1) |
| Major medical limits only(2)..... | 82 | 81 | 83 | 81 |
| Outpatient surgery(3) | | | | |
| Total in non-HMO plans with outpatient surgery..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 12 | 13 | 12 | 12 |
| Subject to limits other than major medical..... | 8 | 6 | 8 | 9 |
| Dollar limit..... | 3 | 1 | 2 | 4 |
| Separate coinsurance | 2 | 2 | 2 | 2 |
| Separate deductible. | 1 | 1 | 1 | 1 |
| Other limit..... | 2 | 3 | 3 | 2 |
| Major medical limits only(2)..... | 80 | 80 | 80 | 79 |

1 Less than 0.5 percent.

2 Major medical limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

3 Charges incurred in the outpatient department of a hospital and outside of the hospital.

NOTE: Sum of individual items may be greater than the total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 71. Health maintenance organizations: Extent of coverage for physicians' office visits, full-time employees, medium and large private establishments, 1995

| Item | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Number (in thousands) in HMO plans with physicians' office visits coverage..... | 6,988 | 2,499 | 1,988 | 2,502 |

Percent

| | | | | |
|---|-----|-----|-----|-----|
| Total in HMO plans with physicians' office visits coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | 13 | 13 | 14 | 11 |
| Subject to a copayment.. | 86 | 86 | 85 | 87 |
| \$1 per visit..... | (1) | - | (1) | - |
| \$2 per visit..... | 1 | 1 | 2 | 1 |
| \$3 per visit..... | 1 | 1 | 2 | 1 |
| \$4 per visit..... | (1) | (1) | 1 | - |
| \$5 per visit..... | 34 | 33 | 34 | 35 |
| \$6 - 9 per visit..... | (1) | (1) | 1 | (1) |
| \$10 per visit..... | 42 | 43 | 39 | 43 |
| More than \$10 per visit..... | 6 | 6 | 7 | 6 |
| Unspecified copayment. | 1 | 1 | 1 | 2 |
| Subject to other limits only..... | 1 | 1 | 1 | 1 |

1 Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 72. Outpatient prescription drug benefits: Summary of coverage, full-time employees, medium and large private establishments, 1995

| Provision | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Number of employees (in thousands) with outpatient prescription drug coverage..... | 24,770 | 7,199 | 6,020 | 11,551 |
| Percent | | | | |
| Total with outpatient prescription drug coverage..... | 100 | 100 | 100 | 100 |
| Coverage for brand name drugs..... | 99 | 99 | 99 | 99 |
| Higher reimbursement for generic drugs..... | 41 | 43 | 43 | 38 |

| | | | | |
|--|----|----|----|----|
| Coverage for mail order drugs(1)..... | 32 | 33 | 33 | 32 |
| Higher reimbursement for prescriptions filled at selected pharmacies.... | 27 | 30 | 26 | 26 |

1 Programs that provide drugs for maintenance purposes, that is, drugs required on a continuous basis.

NOTE: Sum of individual items may be greater than the total because some participants were in plans with more than one type of coverage. Where applicable, dash indicates no employees in this category.

Table 73. Outpatient prescription drug benefits: Brand name drug provisions in non-health maintenance organization plans, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|------------------|---|------------------------------------|--|
| Number of employees (in thousands) in non-HMO plans with outpatient brand name drug coverage..... | 17,495 | 4,699 | 3,925 | 8,871 |
| Percent | | | | |
| Total in non-HMO plans with outpatient brand name drug coverage..... | 100 | 100 | 100 | 100 |
| Covered in full..... | (1) | (1) | 1 | 1 |
| Subject to the major medical limits of plan. | 58 | 58 | 53 | 61 |
| Subject to copayment per prescription..... | 45 | 46 | 48 | 44 |
| Less than \$5.00..... | 5 | 5 | 4 | 5 |
| \$5.00..... | 11 | 10 | 11 | 12 |
| \$5.01-\$6.99..... | 2 | 3 | 1 | 1 |
| \$7.00..... | 2 | 1 | 3 | 2 |
| \$7.01-\$9.99..... | 7 | 5 | 10 | 6 |
| \$10.00..... | 12 | 13 | 15 | 11 |
| Greater than \$10.00..... | 4 | 6 | 4 | 4 |
| Unspecified copayment... | 2 | 2 | 1 | 2 |

| | | | | |
|---|---|-----|---|---|
| Subject to a separate yearly deductible..... | 6 | 4 | 8 | 6 |
| Subject to a separate coinsurance rate..... | 8 | 11 | 8 | 7 |
| Subject to a separate yearly maximum..... | 1 | (1) | 1 | 2 |
| Difference in cost between generic and brand name drugs(2)..... | 4 | 6 | 5 | 3 |
| Other..... | 1 | 2 | 3 | 1 |

1 Less than 0.5 percent.

2 These are plans where the individual participant is required to use a generic equivalent when available; if a generic equivalent is not chosen, the individual must pay the difference in total cost between the brand name and generic drug plus the cost to the individual. For example, if an individual is subject to a \$5 copayment for generic drugs and the brand name equivalent is purchased, the individual must pay the difference in total cost between the brand name and generic drug, plus the \$5 copayment.

NOTE: Sum of individual items may be greater than the total because some participants were in plans with more than one type of coverage. Where applicable, dash indicates no employees in this category.

Table 74. Outpatient prescription drug benefits: Brand name drug provisions in health maintenance organization plans, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|---------------|---|------------------------------------|--|
| Number of employees (in thousands) in HMO plans with outpatient brand name drug coverage..... | 6,508 | 2,319 | 1,884 | 2,304 |
| Percent | | | | |
| Total in HMO plans with outpatient brand name drug coverage.. | 100 | 100 | 100 | 100 |

| | | | | |
|---|----|----|----|----|
| Covered in full..... | 3 | 3 | 2 | 4 |
| Subject to copayment per prescription..... | 89 | 90 | 88 | 89 |
| Less than \$5.00..... | 9 | 12 | 10 | 7 |
| \$5.00..... | 40 | 38 | 42 | 41 |
| \$5.01-\$6.99..... | 2 | 2 | 2 | 2 |
| \$7.00..... | 5 | 5 | 2 | 7 |
| \$7.01-\$9.99..... | 6 | 5 | 6 | 6 |
| \$10.00..... | 17 | 19 | 18 | 15 |
| Greater than \$10.00..... | 6 | 9 | 3 | 5 |
| Unspecified copayment... | 4 | 3 | 3 | 6 |
| Subject to a separate yearly deductible..... | 2 | 1 | 2 | 4 |
| Subject to a separate yearly maximum..... | 3 | 3 | 2 | 3 |
| Difference in cost between generic and brand name drugs(1)..... | 5 | 4 | 7 | 3 |
| Other..... | 4 | 5 | 4 | 4 |

1 These are plans where the individual participant is required to use a generic equivalent when available; if a generic equivalent is not chosen, the individual must pay the difference in total cost between the brand name and generic drug plus the cost to the individual. For example, if an individual is subject to a \$5 copayment for generic drugs and the brand name equivalent is purchased, the individual must pay the difference in total cost between the brand name and generic drug, plus the \$5 copayment.

NOTE: Sum of individual items may be greater than the total because some participants were in plans with more than one type of coverage. Where applicable, dash indicates no employees in this category.

Table 75. Mental health care benefits: Relationship to other coverage, (1) full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|------------------|------------------|---|------------------------------------|--|
|------------------|------------------|---|------------------------------------|--|

Percent

Inpatient (2)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total covered..... | 100 | 100 | 100 | 100 |
| Covered the same..... | 18 | 22 | 12 | 17 |
| Covered differently..... | 82 | 78 | 88 | 83 |

Outpatient(3)

| | | | | |
|--------------------------|-----|-----|-----|-----|
| Total covered..... | 100 | 100 | 100 | 100 |
| Covered the same..... | 2 | 3 | 3 | 2 |
| Covered differently..... | 98 | 97 | 97 | 98 |

1 Relationship to other coverage is a comparison to similar non-mental health treatment. For example, if inpatient mental health care is limited to 30 days per year, but inpatient care for any other type of illness is not limited in terms of days, the plan contains mental health provisions that are covered differently.

2 Excludes doctor's charges in the hospital.

3 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office.

If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 76. Mental health care benefits: Limits on coverage full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|---------------|---|------------------------------------|--|
| Number (in thousands) with mental health care benefits..... | 24,764 | 7,251 | 5,968 | 11,545 |
| Number (in thousands) with outpatient mental health care benefits... | 23,368 | 6,866 | 5,799 | 10,703 |

Percent

Inpatient(1)

Total with mental health

| | | | | |
|--------------------------|-----|-----|-----|-----|
| care benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 19 | 23 | 14 | 20 |
| Subject to separate | | | | |
| limits(3)..... | 81 | 77 | 86 | 80 |
| Days..... | 57 | 56 | 61 | 55 |
| Dollars..... | 42 | 37 | 42 | 44 |
| Coinsurance..... | 14 | 14 | 15 | 14 |
| Copayment..... | 7 | 7 | 10 | 5 |
| Other..... | 2 | 2 | 1 | 2 |
| Outpatient(4) | | | | |
| Total with mental health | | | | |
| care benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 4 | 3 | 4 | 3 |
| Subject to separate | | | | |
| limits(3)..... | 96 | 97 | 96 | 97 |
| Days..... | 51 | 57 | 54 | 46 |
| Dollars..... | 59 | 55 | 57 | 62 |
| Coinsurance..... | 40 | 37 | 39 | 43 |
| Copayment..... | 28 | 30 | 34 | 24 |
| Other..... | 2 | 3 | 2 | 2 |

1 Excludes doctor's charges in the hospital.

2 These include plans covered without any limits; they also include plans subject to only the major medical limits of the plan.

3 Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, that plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, doctor's office care was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 77. Mental health care benefits: Limits on coverage in health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Profes- sional, techni- cal, and related | Clerical and sales employees | Blue- collar and service employees |
|---------------------|---------------|--|------------------------------------|--|
|---------------------|---------------|--|------------------------------------|--|

employees

| | | | | |
|---|-------|-------|-------|-------|
| Number (in thousands) with mental health care benefits..... | 6,543 | 2,356 | 1,873 | 2,313 |
|---|-------|-------|-------|-------|

| | | | | |
|--|-------|-------|-------|-------|
| Number (in thousands) with outpatient mental health care benefits... | 6,667 | 2,407 | 1,912 | 2,348 |
|--|-------|-------|-------|-------|

Percent

Inpatient(1)

| | | | | |
|--|-----|-----|-----|-----|
| Total with mental health care benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 11 | 16 | 8 | 8 |
| Subject to separate limits(3)..... | 89 | 84 | 92 | 92 |
| Days..... | 84 | 80 | 87 | 86 |
| Dollars..... | 10 | 10 | 12 | 10 |
| Coinsurance..... | 13 | 8 | 9 | 21 |
| Copayment..... | 15 | 15 | 18 | 13 |
| Other..... | 1 | (4) | 1 | 1 |

Outpatient(5)

| | | | | |
|--|-----|-----|-----|-----|
| Total with mental health care benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 2 | 1 | 4 | 2 |
| Subject to separate limits(3)..... | 98 | 99 | 96 | 98 |
| Days..... | 88 | 88 | 86 | 89 |
| Dollars..... | 16 | 17 | 16 | 14 |
| Coinsurance..... | 20 | 19 | 14 | 26 |
| Copayment..... | 56 | 57 | 63 | 49 |
| Other..... | 3 | 3 | 1 | 4 |

1 Excludes doctor's charges in the hospital.

2 These include plans covered without any limits; they also include plans subject to overall plan limits such as plan maximums.

3 Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, that plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Less than 0.5 percent.

5 Includes treatment in one or more of the following:
outpatient department of a hospital, residential treatment center,

organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, doctor's office care was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 78. Mental health care benefits: Limits on coverage in non-health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) with mental health care benefits..... | 18,221 | 4,895 | 4,094 | 9,232 |
| Number (in thousands) with outpatient mental health care benefits... | 16,701 | 4,460 | 3,887 | 8,355 |
| Percent | | | | |
| Inpatient(1) | | | | |
| Total with mental health care benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 22 | 26 | 17 | 22 |
| Subject to separate limits(3)..... | 78 | 74 | 83 | 78 |
| Days..... | 47 | 45 | 50 | 47 |
| Dollars..... | 53 | 50 | 56 | 53 |
| Coinsurance..... | 15 | 16 | 18 | 13 |
| Copayment..... | 4 | 3 | 6 | 3 |
| Other..... | 2 | 2 | 2 | 2 |
| Outpatient(4) | | | | |
| Total with mental health care benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 4 | 4 | 4 | 4 |
| Subject to separate limits(3)..... | 96 | 96 | 96 | 96 |
| Days..... | 36 | 40 | 38 | 34 |

| | | | | |
|------------------|----|----|----|----|
| Dollars..... | 76 | 75 | 76 | 76 |
| Coinsurance..... | 48 | 47 | 51 | 47 |
| Copayment..... | 17 | 16 | 20 | 16 |
| Other..... | 2 | 3 | 2 | 2 |

1 Excludes doctor's charges in the hospital.

2 These include plans covered without any limits; they also include plans subject to only the major medical limits of the plan.

3 Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, that plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, doctor's office care was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 79. Alcohol and drug abuse: Relationship between provisions, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with medical care..... | 25,546 | 7,467 | 6,158 | 11,921 |
| Percent | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Covered together(1)..... | 76 | 77 | 76 | 76 |
| Covered separately but with the same limits(2)..... | 2 | 2 | 2 | 2 |
| Other(3)..... | 22 | 22 | 22 | 23 |

1 These are plans where all limits that apply to alcohol abuse treatment also apply to drug abuse treatment. When care is received for one of these types of treatment, it reduces the availability of care from the other. For example, if alcohol and

drug abuse are limited to 30 days per year and 20 days are used for alcohol abuse, then there are 10 days left for drug abuse.

2 These are plans where alcohol and drug abuse are subject to separate and identical limits. For example, alcohol abuse treatment is limited to 30 days per year and drug abuse treatment is limited to a separate 30 days per year.

3 Includes plans where alcoholism coverage differs from drug coverage; and where some limits for alcohol and drug abuse treatment are separate and identical and different limits reduce the availability of care from the other; and where there is no coverage for alcohol and drug abuse treatment.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in the category.

Table 80. Substance abuse treatment benefits: Relationship to other coverage,(1) full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Percent | | | | |
| Alcohol abuse | | | | |
| Total with inpatient detoxification(2).... | 100 | 100 | 100 | 100 |
| Covered the same..... | 28 | 31 | 28 | 26 |
| Covered differently..... | 72 | 69 | 72 | 74 |
| Total with inpatient rehabilitation(3)... | 100 | 100 | 100 | 100 |
| Covered the same..... | 6 | 8 | 6 | 6 |
| Covered differently..... | 94 | 92 | 94 | 94 |
| Total with outpatient rehabilitation(4)... | 100 | 100 | 100 | 100 |
| Covered the same..... | 6 | 8 | 6 | 4 |
| Covered differently..... | 94 | 92 | 94 | 96 |
| Drug abuse | | | | |
| Total with inpatient detoxification(2).... | 100 | 100 | 100 | 100 |
| Covered the same..... | 28 | 31 | 29 | 26 |
| Covered differently..... | 72 | 69 | 71 | 74 |
| Total with inpatient | | | | |

| | | | | |
|--------------------------|-----|-----|-----|-----|
| rehabilitation(3)... | 100 | 100 | 100 | 100 |
| Covered the same..... | 6 | 8 | 6 | 5 |
| Covered differently..... | 94 | 92 | 94 | 95 |
| Total with outpatient | | | | |
| rehabilitation(4)... | 100 | 100 | 100 | 100 |
| Covered the same..... | 6 | 8 | 6 | 4 |
| Covered differently..... | 94 | 92 | 94 | 96 |

1 Relationship to other coverage is a comparison to similar non-substance abuse treatment. For example, if alcohol rehabilitation is limited to 30 days per year, but inpatient care for any other type of illness is not limited in terms of days, the plan contains inpatient alcohol rehabilitation provisions that are covered differently.

2 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

3 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

4 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 81. Alcohol abuse treatment benefits: Limits on coverage, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with inpatient detoxification benefits | 25,039 | 7,384 | 6,024 | 11,631 |
| Number (in thousands) with inpatient rehabilitation benefits | 19,579 | 5,760 | 4,659 | 9,160 |
| Number (in thousands) with outpatient rehabilitation benefits | 20,642 | 6,108 | 5,017 | 9,516 |

Percent

Inpatient
detoxification(1)

Total with inpatient
detoxification
benefits.....

| | | | | |
|---------------------------------------|-----|-----|-----|-----|
| | 100 | 100 | 100 | 100 |
| No separate limits(2). | 29 | 31 | 30 | 28 |
| Subject to separate limits(3)..... | 71 | 69 | 70 | 72 |
| Days..... | 50 | 48 | 49 | 52 |
| Dollars..... | 36 | 33 | 36 | 39 |
| Coinsurance..... | 13 | 13 | 14 | 12 |
| Copayment..... | 5 | 6 | 6 | 4 |
| Other..... | 3 | 4 | 2 | 2 |

Inpatient
rehabilitation(4)

Total with inpatient
rehabilitation
benefits.....

| | | | | |
|---------------------------------------|-----|-----|-----|-----|
| | 100 | 100 | 100 | 100 |
| No separate limits(2). | 8 | 9 | 7 | 8 |
| Subject to separate limits(3)..... | 92 | 91 | 93 | 92 |
| Days..... | 67 | 66 | 69 | 67 |
| Dollars..... | 45 | 42 | 46 | 46 |
| Coinsurance..... | 17 | 17 | 19 | 16 |
| Copayment..... | 6 | 7 | 8 | 5 |
| Other..... | 3 | 5 | 2 | 2 |

Outpatient
rehabilitation(5)

Total with outpatient
rehabilitation
benefits.....

| | | | | |
|---------------------------------------|-----|-----|-----|-----|
| | 100 | 100 | 100 | 100 |
| No separate limits(2). | 7 | 10 | 8 | 5 |
| Subject to separate limits(3)..... | 93 | 90 | 92 | 95 |
| Days..... | 49 | 49 | 51 | 47 |
| Dollars..... | 53 | 50 | 54 | 55 |
| Coinsurance..... | 28 | 25 | 29 | 30 |
| Copayment..... | 22 | 23 | 25 | 20 |
| Other..... | 3 | 4 | 2 | 3 |

1 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

2 These include plans covered without any limits; they also include plans subject to only the major medical limits of the

plan.

3 Separate limitations indicate that alcohol abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

5 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 82. Drug abuse treatment benefits: Limits on coverage, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with inpatient detoxification benefits | 24,856 | 7,343 | 5,931 | 11,582 |
| Number (in thousands) with inpatient rehabilitation benefits | 19,433 | 5,718 | 4,649 | 9,066 |
| Number (in thousands) with outpatient rehabilitation benefits | 20,529 | 6,058 | 4,999 | 9,471 |
| Percent | | | | |
| Inpatient detoxification(1) | | | | |
| Total with inpatient detoxification benefits..... | 100 | 100 | 100 | 100 |

| | | | | |
|--|-----|-----|-----|-----|
| No separate limits(2). | 30 | 32 | 30 | 28 |
| Subject to separate limits(3)..... | 70 | 68 | 70 | 72 |
| Days..... | 50 | 47 | 48 | 52 |
| Dollars..... | 36 | 33 | 36 | 38 |
| Coinsurance..... | 13 | 13 | 15 | 12 |
| Copayment..... | 5 | 6 | 6 | 4 |
| Other..... | 3 | 4 | 2 | 2 |
| Inpatient rehabilitation(4) | | | | |
| Total with inpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 8 | 9 | 8 | 7 |
| Subject to separate limits(3)..... | 92 | 91 | 92 | 93 |
| Days..... | 67 | 65 | 69 | 67 |
| Dollars..... | 45 | 42 | 46 | 46 |
| Coinsurance..... | 17 | 17 | 19 | 16 |
| Copayment..... | 6 | 7 | 8 | 5 |
| Other..... | 3 | 5 | 2 | 2 |
| Outpatient rehabilitation(5) | | | | |
| Total with outpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 7 | 10 | 8 | 5 |
| Subject to separate limits(3)..... | 93 | 90 | 92 | 95 |
| Days..... | 49 | 49 | 51 | 47 |
| Dollars..... | 53 | 50 | 54 | 55 |
| Coinsurance..... | 29 | 26 | 29 | 30 |
| Copayment..... | 22 | 23 | 25 | 20 |
| Other..... | 3 | 4 | 2 | 3 |

1 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

2 These include plans covered without any limits; they also include plans subject to only the major medical limits of the plan.

3 Separate limitations indicate that drug abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

5 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 83. Alcohol abuse treatment benefits: Limits on coverage in health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|---|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) with inpatient detoxification benefits | 6,961 | 2,483 | 1,982 | 2,496 |
| Number (in thousands) with inpatient rehabilitation benefits | 4,595 | 1,734 | 1,208 | 1,653 |
| Number (in thousands) with outpatient rehabilitation benefits | 5,623 | 2,078 | 1,533 | 2,012 |
| Percent | | | | |
| Inpatient detoxification(1) | | | | |
| Total with inpatient detoxification benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 44 | 43 | 48 | 41 |
| Subject to separate limits(3)..... | 56 | 57 | 52 | 59 |
| Days..... | 44 | 44 | 42 | 45 |
| Dollars..... | 12 | 12 | 12 | 12 |
| Coinsurance..... | 10 | 5 | 9 | 16 |
| Copayment..... | 9 | 10 | 9 | 8 |
| Other..... | 2 | 3 | 1 | 3 |

Inpatient

rehabilitation(4)

Total with inpatient rehabilitation

| | | | | |
|------------------------|-----|-----|-----|-----|
| benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 11 | 12 | 12 | 9 |
| Subject to separate | | | | |
| limits(3)..... | 89 | 88 | 88 | 91 |
| Days..... | 76 | 73 | 79 | 77 |
| Dollars..... | 18 | 18 | 18 | 18 |
| Coinsurance..... | 17 | 10 | 15 | 26 |
| Copayment..... | 14 | 13 | 18 | 14 |
| Other..... | 4 | 4 | 2 | 4 |

Outpatient rehabilitation(5)

Total with outpatient rehabilitation

| | | | | |
|------------------------|-----|-----|-----|-----|
| benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 14 | 18 | 16 | 9 |
| Subject to separate | | | | |
| limits(3)..... | 86 | 82 | 84 | 91 |
| Days..... | 67 | 64 | 70 | 66 |
| Dollars..... | 19 | 21 | 18 | 18 |
| Coinsurance..... | 13 | 8 | 12 | 19 |
| Copayment..... | 36 | 35 | 40 | 35 |
| Other..... | 4 | 4 | 2 | 6 |

1 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

2 These include plans covered without any limits; they also include plans subject to overall plan limits such as plan maximums.

3 Separate limitations indicate that alcohol abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

5 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 84. Drug abuse treatment benefits: Limits on coverage in health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|---|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) with inpatient detoxification benefits | 6,866 | 2,464 | 1,908 | 2,494 |
| Number (in thousands) with inpatient rehabilitation benefits | 4,530 | 1,717 | 1,185 | 1,629 |
| Number (in thousands) with outpatient rehabilitation benefits | 5,588 | 2,070 | 1,523 | 1,994 |

Percent

Inpatient
detoxification(1)

| | | | | |
|---|-----|-----|-----|-----|
| Total with inpatient detoxification benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). Subject to separate limits(3)..... | 45 | 44 | 51 | 41 |
| Days..... | 55 | 56 | 49 | 59 |
| Dollars..... | 43 | 44 | 40 | 45 |
| Coinsurance..... | 12 | 12 | 12 | 12 |
| Copayment..... | 10 | 5 | 9 | 16 |
| Other..... | 9 | 10 | 8 | 8 |
| | 2 | 3 | 1 | 3 |

Inpatient
rehabilitation(4)

| | | | | |
|---|-----|-----|-----|-----|
| Total with inpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). Subject to separate limits(3)..... | 11 | 12 | 12 | 8 |
| Days..... | 89 | 88 | 88 | 92 |
| | 77 | 73 | 81 | 78 |

| | | | | |
|------------------|----|----|----|----|
| Dollars..... | 18 | 18 | 17 | 18 |
| Coinsurance..... | 17 | 10 | 15 | 26 |
| Copayment..... | 14 | 13 | 17 | 14 |
| Other..... | 4 | 4 | 2 | 4 |

Outpatient
rehabilitation(5)

| | | | | |
|--|-----|-----|-----|-----|
| Total with outpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 14 | 18 | 16 | 9 |
| Subject to separate limits(3)..... | 86 | 82 | 84 | 91 |
| Days..... | 67 | 65 | 71 | 66 |
| Dollars..... | 19 | 21 | 18 | 18 |
| Coinsurance..... | 13 | 8 | 12 | 19 |
| Copayment..... | 36 | 35 | 40 | 35 |
| Other..... | 4 | 4 | 2 | 6 |

1 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

2 These include plans covered without any limits; they also include plans subject to overall plan limits such as plan maximums.

3 Separate limitations indicate that drug abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

5 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 85. Alcohol abuse treatment benefits: Limits on coverage in non-health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Profes- sional, Clerical and sales techni- cal, and employees related | Blue-- collar and service employees |
|---------------------|------------------|--|---|
|---------------------|------------------|--|---|

employees

| | | | | |
|---|--------|-------|-------|-------|
| Number (in thousands) with inpatient detoxification benefits | 18,078 | 4,900 | 4,042 | 9,135 |
| Number (in thousands) with inpatient rehabilitation benefits | 14,984 | 4,026 | 3,451 | 7,507 |
| Number (in thousands) with outpatient rehabilitation benefits | 15,018 | 4,030 | 3,484 | 7,504 |

Percent

Inpatient
detoxification(1)

| | | | | |
|---|-----|-----|-----|-----|
| Total with inpatient detoxification benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 24 | 26 | 20 | 24 |
| Subject to separate limits(3)..... | 76 | 74 | 80 | 76 |
| Days..... | 52 | 49 | 53 | 54 |
| Dollars..... | 45 | 43 | 47 | 46 |
| Coinsurance..... | 14 | 17 | 17 | 11 |
| Copayment..... | 4 | 4 | 5 | 3 |
| Other..... | 3 | 5 | 2 | 2 |

Inpatient
rehabilitation(4)

| | | | | |
|---|-----|-----|-----|-----|
| Total with inpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 7 | 8 | 6 | 7 |
| Subject to separate limits(3)..... | 93 | 92 | 94 | 93 |
| Days..... | 64 | 63 | 65 | 64 |
| Dollars..... | 53 | 52 | 55 | 53 |
| Coinsurance..... | 17 | 20 | 20 | 14 |
| Copayment..... | 4 | 5 | 5 | 3 |
| Other..... | 3 | 5 | 2 | 2 |

Outpatient
rehabilitation(5)

Total with outpatient
rehabilitation

| | | | | |
|------------------------|-----|-----|-----|-----|
| benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 5 | 6 | 5 | 4 |
| Subject to separate | | | | |
| limits(3)..... | 95 | 94 | 95 | 96 |
| Days..... | 42 | 41 | 43 | 42 |
| Dollars..... | 66 | 65 | 70 | 65 |
| Coinsurance..... | 34 | 34 | 36 | 33 |
| Copayment..... | 17 | 16 | 19 | 16 |
| Other..... | 2 | 3 | 2 | 2 |

1 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

2 These include plans covered without any limits; they also include plans subject to only the major medical limits of the plan.

3 Separate limitations indicate that alcohol abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

5 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 86. Drug abuse treatment benefits: Limits on coverage in non-health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Coverage limitation | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|---------------|---|------------------------------------|--|
| Number (in thousands) with inpatient detoxification benefits | 17,990 | 4,879 | 4,022 | 9,088 |
| Number (in thousands) with inpatient rehabilitation benefits | 14,902 | 4,002 | 3,464 | 7,437 |

| | | | | |
|---|--------|-------|-------|-------|
| Number (in thousands) with outpatient rehabilitation benefits | 14,941 | 3,988 | 3,476 | 7,477 |
|---|--------|-------|-------|-------|

Percent

Inpatient
detoxification(1)

| | | | | |
|---|-----|-----|-----|-----|
| Total with inpatient detoxification benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 24 | 26 | 21 | 24 |
| Subject to separate limits(3)..... | 76 | 74 | 79 | 76 |
| Days..... | 52 | 49 | 52 | 54 |
| Dollars..... | 46 | 44 | 48 | 46 |
| Coinsurance..... | 14 | 18 | 17 | 11 |
| Copayment..... | 4 | 4 | 5 | 3 |
| Other..... | 3 | 5 | 2 | 2 |

Inpatient
rehabilitation(4)

| | | | | |
|---|-----|-----|-----|-----|
| Total with inpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 7 | 8 | 6 | 7 |
| Subject to separate limits(3)..... | 93 | 92 | 94 | 93 |
| Days..... | 64 | 62 | 64 | 64 |
| Dollars..... | 53 | 53 | 55 | 53 |
| Coinsurance..... | 17 | 20 | 20 | 14 |
| Copayment..... | 4 | 5 | 5 | 3 |
| Other..... | 3 | 5 | 2 | 2 |

Outpatient
rehabilitation(5)

| | | | | |
|--|-----|-----|-----|-----|
| Total with outpatient rehabilitation benefits..... | 100 | 100 | 100 | 100 |
| No separate limits(2). | 4 | 5 | 5 | 4 |
| Subject to separate limits(3)..... | 96 | 95 | 95 | 96 |
| Days..... | 42 | 41 | 42 | 42 |
| Dollars..... | 66 | 65 | 70 | 64 |
| Coinsurance..... | 34 | 35 | 36 | 33 |
| Copayment..... | 17 | 16 | 19 | 16 |
| Other..... | 2 | 3 | 2 | 2 |

1 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

2 These include plans covered without any limits; they also include plans subject to overall plan limits such as plan maximums.

3 Separate limitations indicate that drug abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

5 Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 87. Mental health care and substance abuse treatment benefits: Application to out-of-pocket expense provisions(1) in non-health maintenance organizations, full-time employees, medium and large private establishments, 1995

| Type of coverage | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--------------------------------------|---------------|--|------------------------------|-----------------------------------|
| Percent | | | | |
| Inpatient mental health care | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 65 | 72 | 59 | 64 |
| Not subject to out-of-pocket limits. | 35 | 28 | 41 | 36 |
| Outpatient mental health care | | | | |

| | | | | |
|--------------------------------------|-----|-----|-----|-----|
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 40 | 43 | 35 | 41 |
| Not subject to out-of-pocket limits. | 60 | 57 | 65 | 59 |
| Inpatient alcohol detoxification | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 68 | 73 | 64 | 67 |
| Not subject to out-of-pocket limits. | 32 | 27 | 36 | 33 |
| Inpatient alcohol rehabilitation | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limit..... | 60 | 63 | 57 | 59 |
| Not subject to out-of-pocket limits. | 40 | 37 | 43 | 41 |
| Outpatient alcohol rehabilitation | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 46 | 44 | 44 | 49 |
| Not subject to out-of-pocket limits. | 54 | 56 | 56 | 51 |
| Inpatient drug detoxification | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 68 | 73 | 63 | 68 |
| Not subject to out-of-pocket limits. | 32 | 27 | 37 | 32 |
| Inpatient drug rehabilitation | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 60 | 63 | 57 | 60 |
| Not subject to out-of-pocket limits. | 40 | 37 | 43 | 40 |
| Outpatient drug rehabilitation | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| Subject to out-of-pocket limits..... | 47 | 44 | 44 | 49 |

| | | | | |
|---|----|----|----|----|
| Not subject to out-of-pocket limits. | 53 | 56 | 56 | 51 |
|---|----|----|----|----|

1 Each total relates to a plan's overall out-of-pocket limits. In addition, the specified inpatient benefit and hospital room and board must be subject to the plan's overall limits while the specified outpatient benefit and office physician's care must be subject to the plan's overall benefits. For example, the total for inpatient mental health care includes the following: there is a plan out-of-pocket limit, and both inpatient mental health care and hospital room and board are subject to the plan's overall limits.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 88. Medical care plans: Eligibility requirements, full-time employees, medium and large private establishments, 1995

| Eligibility requirement | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with medical care..... | 25,546 | 7,467 | 6,158 | 11,921 |
| Percent | | | | |
| Total..... | 100 | 100 | 100 | 100 |
| With a service requirement..... | 64 | 51 | 67 | 71 |
| 1 month..... | 21 | 24 | 22 | 19 |
| 2 months..... | 6 | 4 | 5 | 8 |
| 3 months..... | 26 | 17 | 31 | 28 |
| 4 -5 months..... | 1 | 1 | 1 | 2 |
| 6 months..... | 6 | 4 | 6 | 6 |
| 7 - 11 months..... | 3 | 1 | (1) | 6 |
| 12 months..... | 1 | 1 | (1) | 1 |
| Greater than 12 months | (1) | - | (1) | (1) |
| Without a service requirement..... | 31 | 46 | 29 | 23 |
| Not determinable(2)..... | 5 | 3 | 5 | 6 |

1 Less than 0.5 percent.

2 Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision, or prescription drug coverage.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this

category.

Table 89. Non-health maintenance organizations: Pre-existing condition provisions,(1) full-time employees, medium and large private establishments, 1995

| Funding and administration | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Number (in thousands) in non-HMO plans..... | 18,558 | 4,968 | 4,170 | 9,419 |
| Percent | | | | |
| Total with non-HMO plans.. | 100 | 100 | 100 | 100 |
| Pre-existing condition clause..... | 54 | 50 | 57 | 55 |
| No pre-existing condition clause..... | 46 | 50 | 43 | 45 |

1 A pre-existing condition is any ailment present at the time the participant enrolls in the plan. Plans will typically deny or limit coverage of such conditions for a specific time period following enrollment.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 90. Medical care benefits: Effect of retirement on coverage,(1) full-time employees, medium and large private establishments, 1995

| Retiree coverage | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|------------------|---|------------------------------------|--|
| Number (in thousands) with medical care..... | 25,546 | 7,467 | 6,158 | 11,921 |
| Percent | | | | |
| Total with medical care... | 100 | 100 | 100 | 100 |

Under Age 65

| | | | | |
|--|----|----|----|----|
| With retiree coverage... | 46 | 50 | 50 | 41 |
| Employer paid..... | 9 | 9 | 8 | 10 |
| Retiree paid..... | 7 | 9 | 7 | 6 |
| Both retiree and employer paid..... | 25 | 28 | 29 | 22 |
| Payment available, but unknown..... | 4 | 5 | 6 | 3 |
| Without retiree coverage | 45 | 41 | 42 | 50 |
| Not determinable..... | 9 | 9 | 8 | 10 |

Age 65 and over

| | | | | |
|--|----|----|----|----|
| With retiree coverage... | 41 | 44 | 45 | 37 |
| Employer paid..... | 9 | 9 | 8 | 9 |
| Retiree paid..... | 6 | 6 | 6 | 6 |
| Both retiree and employer paid..... | 22 | 24 | 26 | 19 |
| Payment available, but unknown..... | 4 | 5 | 5 | 3 |
| Without retiree coverage | 50 | 47 | 46 | 53 |
| Not determinable..... | 9 | 9 | 8 | 10 |

1 Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision, or prescription drug coverage.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 91. Dental care benefits: Eligibility requirements, full-time employees, medium and large private establishments, 1994

| Eligibility requirement | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|---|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) with dental care..... | 18,866 | 6,217 | 4,603 | 8,046 |
| Percent | | | | |
| Total with dental care.... | 100 | 100 | 100 | 100 |
| With a service requirement..... | 64 | 52 | 67 | 71 |
| 1 month..... | 19 | 20 | 19 | 18 |

| | | | | |
|---------------------------------------|-----|----|-----|-----|
| 2 months..... | 5 | 3 | 4 | 8 |
| 3 months..... | 24 | 16 | 32 | 24 |
| 4 -5 months..... | 2 | 1 | 1 | 3 |
| 6 months..... | 6 | 6 | 7 | 6 |
| 7 - 11 months..... | 5 | 2 | 1 | 9 |
| 12 months..... | 3 | 3 | 3 | 2 |
| Greater than 12 months | (1) | - | (1) | (1) |
| Without a service requirement..... | 32 | 46 | 29 | 23 |
| Not determinable(2)..... | 4 | 2 | 3 | 5 |

1 Less than 0.5 percent.

2 Plans where service requirements were unknown, usually because plan documents (typically prepared by dental care provider) did not specify the employer's eligibility provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 92. Dental care benefits: Fee arrangement and financial intermediary, full-time employees, medium and large private establishments, 1995

| | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------|---|------------------------------------|--|
| Number (in thousands) with dental care..... | 18,866 | 6,217 | 4,603 | 8,046 |
| Percent | | | | |
| Total with dental care.... | 100 | 100 | 100 | 100 |
| Traditional | | | | |
| fee-for-service..... | 85 | 82 | 84 | 87 |
| Self insured..... | 52 | 47 | 56 | 53 |
| Commercial insurance company..... | 15 | 11 | 14 | 18 |
| Blue Cross/Blue Shield Independent organization..... | 5 | 6 | 4 | 5 |
| Combined financed..... | 4 | 4 | 2 | 5 |
| Dental society..... | (1) | (1) | (1) | (1) |
| 9 | 13 | 8 | 5 | |
| Preferred provider | | | | |
| organization..... | 6 | 10 | 6 | 4 |
| Self insured..... | 2 | 2 | 4 | 2 |
| Commercial insurance | | | | |

| | | | | |
|------------------------|-----|---|-----|-----|
| company..... | 1 | 1 | 1 | (1) |
| Blue Cross/Blue Shield | 1 | 2 | (1) | 1 |
| Independent | | | | |
| organization..... | 1 | 1 | (1) | (1) |
| Dental society..... | 1 | 2 | 1 | (1) |
| Health maintenance | | | | |
| organization..... | 8 | 8 | 10 | 7 |
| Self insured..... | (1) | 1 | (1) | (1) |
| Commercial insurance | | | | |
| company..... | 2 | 2 | 3 | 2 |
| Blue Cross/Blue Shield | 1 | 1 | 1 | 1 |
| Independent | | | | |
| organization..... | 4 | 3 | 4 | 4 |
| Dental society..... | 1 | 1 | 2 | 1 |
| Other..... | 1 | 1 | (1) | 2 |

1 Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 93. Dental care benefits: Coverage for selected procedures, full-time employees, medium and large private establishments, 1995

| | | Type of | | | |
|----------------------------|--------|---------|--------|------------|----------|
| dental | | | | | |
| procedure | | | | | |
| Extent of coverage | | | | | |
| | | Exams | X-rays | Surgery(1) | Fillings |
| Periodontal | | | | | |
| Endodontics | | | | | |
| Crowns | | | | | |
| Prosthetics | | | | | |
| Ortho- | | | | | |
| care | | | | | |
| dontia(2) | | | | | |
| Number (in thousands) with | | | | | |
| dental care..... | | 18,866 | 18,866 | 18,866 | 18,866 |
| 18,866 | | | | | |
| 18,866 | 18,866 | 18,866 | 18,866 | | |
| Professional, technical, | | | | | |
| and related employees | | 6,217 | 6,217 | 6,217 | 6,217 |
| 6,217 | | | | | |
| 6,217 | 6,217 | 6,217 | 6,217 | | |
| Clerical and sales | | | | | |
| employees..... | | 4,603 | 4,603 | 4,603 | 4,603 |
| 4,603 | | | | | |
| 4,603 | 4,603 | 4,603 | 4,603 | | |
| Blue-collar and service | | | | | |
| employees..... | | 8,046 | 8,046 | 8,046 | 8,046 |
| 8,046 | | | | | |

8,046 8,046 8,046 8,046

Percent

All employees

| | | | | | |
|-----|---|-----|-----|-----|-----|
| 100 | Total..... | 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 | | |
| 97 | Covered(3)..... | 100 | 100 | 99 | 100 |
| 99 | 96 | 96 | 71 | | |
| 4 | In full(4)..... | 14 | 14 | 5 | 8 |
| 4 | 3 | 2 | 1 | | |
| 7 | Scheduled cash allowance..... | 6 | 6 | 8 | 8 |
| 7 | 8 | 8 | 4 | | |
| 5 | Subject to copayment(5)..... | 2 | 1 | 5 | 3 |
| 6 | 6 | 6 | 8 | | |
| 79 | Percent of usual, customary and reasonable charge.. | 77 | 78 | 80 | 80 |
| 80 | 80 | 80 | 60 | | |
| 3 | Other(6)..... | 2 | 3 | 3 | 3 |
| 3 | 2 | 2 | 1 | | |
| 2 | Not covered..... | (7) | (7) | 1 | (7) |
| 1 | 4 | 4 | 27 | | |
| 1 | Not determinable..... | - | - | (7) | (7) |
| (7) | (7) | 1 | 2 | | |

Professional, technical, and related

| | | | | | |
|-----|-------------------------------|-----|-----|-----|-----|
| 100 | Total..... | 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 | | |
| 97 | Covered(3)..... | 100 | 100 | 99 | 100 |
| 98 | 96 | 95 | 73 | | |
| 4 | In full(4)..... | 13 | 13 | 5 | 7 |
| 4 | 2 | 2 | (7) | | |
| 6 | Scheduled cash allowance..... | 4 | 4 | 7 | 6 |
| 6 | 6 | 6 | 4 | | |

| | | | | | |
|-----|---|-----|-----|-----|-----|
| | Subject to copayment(5)..... | 1 | (7) | 4 | 2 |
| 4 | | | | | |
| 4 | 6 5 | 11 | | | |
| | Percent of usual, customary and reasonable charge.. | 78 | 78 | 79 | 80 |
| 78 | | | | | |
| 79 | 81 81 | 63 | | | |
| | Other(6)..... | 4 | 4 | 5 | 5 |
| 5 | | | | | |
| 5 | 2 2 | 2 | | | |
| | Not covered..... | (7) | (7) | 1 | (7) |
| 2 | | | | | |
| 1 | 4 4 | 25 | | | |
| | Not determinable..... | - | - | (7) | 0 |
| 1 | | | | | |
| (7) | (7) (7) | 2 | | | |

Clerical and sales

| | | | | | |
|-----|---|-----|-----|-----|-----|
| | Total..... | 100 | 100 | 100 | 100 |
| 100 | | | | | |
| 100 | 100 100 | 100 | | | |
| | Covered(3)..... | 100 | 100 | 99 | 100 |
| 97 | | | | | |
| 99 | 97 95 | 67 | | | |
| | In full(4)..... | 12 | 13 | 5 | 7 |
| 4 | | | | | |
| 4 | 1 1 | (7) | | | |
| | Scheduled cash allowance..... | 7 | 6 | 9 | 9 |
| 9 | | | | | |
| 8 | 8 8 | 4 | | | |
| | Subject to copayment(5)..... | 1 | (7) | 5 | 3 |
| 6 | | | | | |
| 7 | 7 6 | 8 | | | |
| | Percent of usual, customary and reasonable charge.. | 78 | 79 | 80 | 79 |
| 78 | | | | | |
| 79 | 80 79 | 56 | | | |
| | Other(6)..... | 2 | 2 | 3 | 3 |
| 3 | | | | | |
| 3 | 2 2 | 1 | | | |
| | Not covered..... | (7) | (7) | (7) | (7) |
| 1 | | | | | |
| (7) | 3 3 | 31 | | | |
| | Not determinable..... | - | - | (7) | (7) |
| 1 | | | | | |
| (7) | (7) 1 | 2 | | | |

Blue-collar and service

| | | | | | |
|-----|------------|-----|-----|-----|-----|
| | Total..... | 100 | 100 | 100 | 100 |
| 100 | | | | | |

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| 100 | 100 | 100 | 100 | | | |
| Covered(3)..... | | | 100 | 100 | 99 | 99 |
| 97 | | | | | | |
| 98 | 96 | 96 | 72 | | | |
| In full(4)..... | | | 15 | 15 | 6 | 9 |
| 5 | | | | | | |
| 4 | 4 | 4 | 2 | | | |
| Scheduled cash allowance..... | | | 7 | 7 | 8 | 8 |
| 7 | | | | | | |
| 7 | 8 | 8 | 4 | | | |
| Subject to copayment(5)..... | | | 2 | 1 | 5 | 3 |
| 6 | | | | | | |
| 6 | 6 | 6 | 7 | | | |
| Percent of usual, customary and reasonable charge.. | | | 75 | 78 | 81 | 81 |
| 81 | | | | | | |
| 82 | 79 | 79 | 61 | | | |
| Other(6)..... | | | 1 | 1 | 1 | 1 |
| 1 | | | | | | |
| 1 | 1 | 1 | 1 | | | |
| Not covered..... | | | (7) | (7) | (7) | (7) |
| 2 | | | | | | |
| 1 | 4 | 4 | 27 | | | |
| Not determinable..... | | | - | - | (7) | (7) |
| 1 | | | | | | |
| (7) | (7) | (7) | 2 | | | |

1 Excludes plans that limited coverage to accidental injuries, removal of impacted wisdom teeth, or repair of jaw.

2 Participants were included as having coverage for orthodontia in cases where benefits were limited to children.

3 Sum of individual items is greater than total because some participants were in plans with more than one limit.

4 Includes plans that paid the full cost with no deductible or maximum dollar amount.

5 Participant pays a specific amount per procedure and plan pays all remaining expenses. In the case of orthodontia, the copayment is generally applied once per lifetime.

6 Includes plans that provide care based on an incentive schedule or discounted benefit. An incentive schedule is a reimbursement arrangement in which the percentage of dental expenses paid by the plan increases if regular dental appointments are scheduled. Discounted benefits are available if obtained from an approved provider.

7 Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 94. Dental care benefits: Percent of charges paid by plan for selected procedures, full-time employees, medium and large private establishments, 1995

| dental procedure | Type of | | | | |
|--|---------|-------------|-------------|----------|--|
| | Exams | X-rays | Surgery(1) | Fillings | |
| Periodontal | | | | | |
| Endodontics | Crowns | Prosthetics | Orthodontia | | |
| care | | | | | |
| Number of employees (in thousands) in dental plans with coverage based on a percentage of charges..... | 14,470 | 14,804 | 15,027 | 15,020 | |
| 14,879 | | | | | |
| 15,062 | 15,016 | 14,966 | 11,248 | | |
| Professional, technical, and related employees | 4,847 | 4,877 | 4,913 | 4,955 | |
| 4,854 | | | | | |
| 4,892 | 5,025 | 5,021 | 3,892 | | |
| Clerical and sales employees..... | 3,599 | 3,653 | 3,643 | 3,631 | |
| 3,570 | | | | | |
| 3,632 | 3,657 | 3,618 | 2,586 | | |
| Blue-collar and service employees..... | 6,024 | 6,274 | 6,472 | 6,434 | |
| 6,455 | | | | | |
| 6,538 | 6,333 | 6,327 | 4,770 | | |
| Percent | | | | | |
| All employees | | | | | |
| Total with dental care based on a percentage of charges..... | 100 | 100 | 100 | 100 | |
| 100 | | | | | |
| 100 | 100 | 100 | 100 | | |
| Less than 50..... | - | (2) | (2) | (2) | |
| (2) | | | | | |
| (2) | 1 | 1 | (2) | | |
| 50..... | (2) | 1 | 6 | 7 | |
| 11 | | | | | |
| 8 | 69 | 75 | 80 | | |
| 51-59..... | - | - | - | - | |

| | | | | | | |
|--|-----------------------|-----|-----|-----|-----|-----|
| - | | | | | | |
| - | | (2) | - | | | |
| 3 | 60..... | | 1 | 1 | 3 | 2 |
| 2 | 10 | 10 | 6 | | | |
| 3 | 61-74..... | | (2) | (2) | 3 | 3 |
| 3 | 2 | 2 | 1 | | | |
| 6 | 75..... | | 1 | 1 | 6 | 6 |
| 6 | 3 | 3 | 1 | | | |
| 65 | 80..... | | 21 | 23 | 65 | 67 |
| 67 | 9 | 6 | 8 | | | |
| 3 | 85..... | | (2) | 1 | 3 | 3 |
| 3 | (2) | (2) | - | | | |
| 6 | 90..... | | 5 | 7 | 7 | 6 |
| 6 | 4 | 1 | (2) | | | |
| (2) | 91-99..... | | - | - | (2) | (2) |
| (2) | - | - | (2) | | | |
| 4 | 100(3)..... | | 71 | 64 | 8 | 8 |
| 6 | 2 | 1 | 3 | | | |
| (2) | Not determinable..... | | (2) | (2) | (2) | (2) |
| (2) | (2) | (2) | (2) | | | |
| Professional, technical, and related | | | | | | |
| Total with dental care based on a percentage of charges..... | | | | | | |
| 100 | | | 100 | 100 | 100 | 100 |
| 100 | 100 | 100 | 100 | | | |
| (2) | Less than 50..... | | - | (2) | (2) | (2) |
| (2) | 1 | 1 | 1 | | | |
| 11 | 50..... | | (2) | (2) | 6 | 8 |
| 8 | 69 | 75 | 82 | | | |
| - | 51-59..... | | - | - | - | - |
| - | - | 1 | - | | | |
| 3 | 60..... | | 1 | 1 | 2 | 2 |
| 3 | 10 | 10 | 6 | | | |
| 2 | 61-74..... | | (2) | (2) | 2 | 2 |
| 2 | 2 | 2 | - | | | |
| 5 | 75..... | | 1 | 1 | 5 | 4 |
| 5 | 4 | 3 | 1 | | | |
| | 80..... | | 18 | 19 | 66 | 70 |

| | | | | | | |
|-----|--|-----|-----|-----|-----|-----|
| 70 | | | | | | |
| 71 | 11 | 7 | 8 | | | |
| | 85..... | | (2) | (2) | 2 | 2 |
| 2 | | | | | | |
| 2 | (2) | (2) | - | | | |
| | 90..... | | 6 | 7 | 6 | 4 |
| 4 | | | | | | |
| 4 | 2 | (2) | - | | | |
| | 91-99..... | | - | - | (2) | (2) |
| (2) | | | | | | |
| (2) | - | - | (2) | | | |
| | 100(3)..... | | 73 | 70 | 9 | 8 |
| 3 | | | | | | |
| 5 | 1 | 1 | 2 | | | |
| | Not determinable..... | | (2) | (2) | (2) | (2) |
| (2) | | | | | | |
| (2) | (2) | (2) | (2) | | | |
| | Clerical and sales | | | | | |
| | Total with dental care based on a percentage of charges..... | | 100 | 100 | 100 | 100 |
| 100 | | | | | | |
| 100 | 100 | 100 | 100 | | | |
| | Less than 50..... | | - | - | (2) | (2) |
| (2) | | | | | | |
| (2) | 1 | 1 | (2) | | | |
| | 50..... | | (2) | 1 | 6 | 6 |
| 10 | | | | | | |
| 8 | 66 | 69 | 78 | | | |
| | 51-59..... | | - | - | - | - |
| - | | | | | | |
| - | - | (2) | - | | | |
| | 60..... | | 1 | 1 | 2 | 1 |
| 2 | | | | | | |
| 2 | 12 | 13 | 6 | | | |
| | 61-74..... | | 1 | 1 | 4 | 4 |
| 4 | | | | | | |
| 4 | 3 | 3 | 2 | | | |
| | 75..... | | 1 | 1 | 5 | 5 |
| 5 | | | | | | |
| 5 | 4 | 3 | 2 | | | |
| | 80..... | | 19 | 21 | 70 | 73 |
| 69 | | | | | | |
| 71 | 10 | 8 | 6 | | | |
| | 85..... | | (2) | 1 | 2 | 2 |
| 2 | | | | | | |
| 2 | (2) | 1 | - | | | |
| | 90..... | | 4 | 5 | 4 | 4 |
| 4 | | | | | | |
| 4 | 2 | (2) | 1 | | | |
| | 91-99..... | | - | - | (2) | (2) |
| (2) | | | | | | |
| (2) | - | - | - | | | |
| | 100(3)..... | | 73 | 70 | 7 | 6 |
| 3 | | | | | | |

| | | | | | | |
|--|-----------------------|-----|-----|-----|-----|--|
| 5 | 1 | 1 | 4 | | | |
| | Not determinable..... | (2) | (2) | (2) | (2) | |
| (2) | | | | | | |
| (2) | (2) | (2) | (2) | | | |
| Blue-collar and service | | | | | | |
| Total with dental care based on a percentage of charges..... | | | | | | |
| 100 | | 100 | 100 | 100 | 100 | |
| 100 | 100 | 100 | 100 | | | |
| | Less than 50..... | - | (2) | (2) | (2) | |
| (2) | | | | | | |
| (2) | 1 | 1 | (2) | | | |
| | 50..... | (2) | 1 | 6 | 7 | |
| 10 | | | | | | |
| 8 | 70 | 79 | 80 | | | |
| | 51-59..... | - | - | - | - | |
| - | | | | | | |
| - | - | (2) | - | | | |
| | 60..... | 1 | 1 | 3 | 2 | |
| 4 | | | | | | |
| 2 | 8 | 9 | 6 | | | |
| | 61-74..... | (2) | (2) | 3 | 3 | |
| 3 | | | | | | |
| 2 | 1 | 1 | - | | | |
| | 75..... | 2 | 1 | 7 | 7 | |
| 7 | | | | | | |
| 7 | 3 | 2 | 1 | | | |
| | 80..... | 24 | 27 | 61 | 62 | |
| 60 | | | | | | |
| 61 | 8 | 5 | 10 | | | |
| | 85..... | (2) | 3 | 4 | 4 | |
| 4 | | | | | | |
| 4 | (2) | (2) | - | | | |
| | 90..... | 4 | 9 | 8 | 8 | |
| 8 | | | | | | |
| 8 | 6 | 2 | 1 | | | |
| | 91-99..... | - | - | - | - | |
| - | | | | | | |
| - | - | - | (2) | | | |
| | 100(3)..... | 68 | 57 | 9 | 8 | |
| 4 | | | | | | |
| 7 | 2 | 2 | 2 | | | |
| | Not determinable..... | (2) | (2) | (2) | (2) | |
| (2) | | | | | | |
| (2) | (2) | (2) | (2) | | | |

1 Excludes plans that limited coverage to accidental injuries, removal of impacted wisdom teeth, or repair of jaw.

2 Less than 0.5 percent.

3 Includes plans that paid 100 percent of charges, but imposed a deductible and limited payment to a maximum dollar amount.

NOTE: Because of rounding, sums of individual items may not equal totals.
Where applicable, dash indicates no employees in this category.
*

Table 95. Dental care benefits: Amount of individual deductible,(1) full-time employees, medium and large private establishments, 1995

| Type of deductible | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with dental care..... | 18,866 | 6,217 | 4,603 | 8,046 |
| Percent | | | | |
| Total with dental care. | 100 | 100 | 100 | 100 |
| Subject to separate dental deductible(2). | 59 | 60 | 61 | 55 |
| Yearly deductible | | | | |
| only..... | 55 | 56 | 56 | 52 |
| Under \$25..... | (3) | 1 | (3) | (3) |
| \$25..... | 16 | 17 | 14 | 17 |
| \$26-\$49..... | 1 | 1 | 1 | 2 |
| \$50..... | 31 | 31 | 33 | 30 |
| \$51-\$99..... | 3 | 2 | 4 | 2 |
| \$100..... | 3 | 3 | 4 | 2 |
| Over \$100..... | (3) | (3) | (3) | (3) |
| Lifetime deductible | | | | |
| only..... | 2 | 2 | 3 | 2 |
| Less than \$50... | (3) | (3) | (3) | (3) |
| \$50..... | 2 | 2 | 2 | 1 |
| Over \$50..... | (3) | (3) | 1 | - |
| Both yearly and lifetime deductibles..... | 2 | 2 | 1 | 1 |
| No deductible..... | 40 | 39 | 38 | 42 |
| Not determinable..... | 1 | 1 | 1 | 3 |
| Average(4) | | | | |

Average employee yearly

| | | | | |
|---|------|------|------|------|
| deductible..... | \$46 | \$45 | \$49 | \$45 |
| Average employee lifetime deductible..... | 46 | 38 | 57 | 48 |

1 Amount of deductible described is for each insured person. In some plans, the individual and family deductibles are identical. Excludes separate deductibles for orthodontic procedures.

2 Deductibles may not apply to all covered dental procedures. If separate deductibles applied to different procedures, the sum of the deductible amounts was tabulated.

3 Less than 0.5 percent.

4 The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 96. Dental care benefits: Relationship of yearly family deductibles to yearly individual deductibles, full-time employees, medium and large private establishments, 1995

| Relationship | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|---|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) with dental care..... | 18,866 | 6,217 | 4,603 | 8,046 |
| Percent | | | | |
| Total with dental care. | 100 | 100 | 100 | 100 |
| With individual and family deductible..... | 43 | 48 | 50 | 36 |
| Family deductible relates to individual deductible: | | | | |
| Equal to individual deductible..... | (1) | (1) | 1 | (1) |
| 2 times individual deductible..... | 13 | 16 | 12 | 11 |
| 3 times individual deductible..... | 29 | 31 | 36 | 24 |
| Other(2)..... | (1) | (1) | 1 | (1) |
| Without individual and family deductible..... | 57 | 52 | 50 | 64 |

1 Less than 0.5 percent.

2 Includes plans where family deductible is not an even multiple of individual coverage.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 97. Dental care benefits: Services covered by deductible(1) provisions, full-time employees, medium and large private establishments, 1995

| Categories of care | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|--|---------------|--|------------------------------|-----------------------------------|
| Number of employees (in thousands) with a dental deductible..... | 12,138 | 4,047 | 3,195 | 4,896 |
| Percent | | | | |
| Total with a dental deductible..... | 100 | 100 | 100 | 100 |
| All categories(2)..... | 20 | 18 | 21 | 20 |
| All except exams and x-rays..... | 46 | 48 | 47 | 42 |
| All except exams, x-rays, and orthodontia..... | 24 | 24 | 25 | 25 |
| All except orthodontia.. | 3 | 4 | 3 | 4 |
| All except exams and orthodontia..... | 1 | 1 | (3) | 2 |
| Other(4)..... | 6 | 5 | 5 | 7 |

1 Includes plans with both a yearly deductible only, and a yearly and lifetime deductible.

2 This applies to all categories of care covered by the plan. The categories of dental care are exams, x-rays, surgery, fillings, periodontal care, endodontics, crowns, prosthetics, and orthodontia.

3 Less than 0.5 percent.

4 Includes other category combinations.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 98. Dental care benefits: Maximum benefit provisions,(1)
full-time employees, medium and large private establishments, 1995

| Dollar amount(2) | All employee- es | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|--|------------------------|---|------------------------------------|--|
| Number (in thousands) with dental care..... | 18,866 | 6,217 | 4,603 | 8,046 |
| Percent | | | | |
| Total with dental care. | 100 | 100 | 100 | 100 |
| Yearly maximum specified(3)..... | 82 | 83 | 82 | 81 |
| Less than \$500..... | 1 | 1 | (4) | 1 |
| \$500..... | 2 | 2 | 3 | 3 |
| \$501-\$749..... | 1 | (4) | (4) | 1 |
| \$750..... | 7 | 6 | 9 | 6 |
| \$751-\$999..... | 1 | (4) | 1 | 1 |
| \$1,000..... | 40 | 38 | 39 | 42 |
| \$1,001-\$1,499..... | 10 | 8 | 9 | 12 |
| \$1,500..... | 12 | 14 | 14 | 10 |
| \$1,501-\$1999..... | 3 | 4 | 1 | 2 |
| \$2,000..... | 4 | 7 | 4 | 3 |
| Greater than \$2,000..... | 1 | 2 | 1 | 2 |
| No yearly maximum..... | 17 | 16 | 17 | 17 |
| Maximum provision not determinable..... | 1 | 1 | 1 | 2 |
| Average(5) | | | | |
| Average yearly maximum.... | \$1,166 | \$1,218 | \$1,141 | \$1,139 |

1 Includes all covered dental procedures except orthodontia.
Amount of maximum specified is for each insured person.

2 Coverage for dental procedures may also be subject to
scheduled allowance, deductible, or coinsurance provisions in
addition to maximum dollar limitations.

3 If separate yearly maximums applied to different procedures,
the sum of the maximums was tabulated. Maximums applied to dental
expenses only.

4 Less than 0.5 percent.

5 The average is presented for all covered workers; averages
exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal

totals. Where applicable, dash indicates no employees in this category.

Table 99. Orthodontic care benefits: Maximum benefit provisions, full-time employees, medium and large private establishments, 1995

| Dollar amount(1) | All employees | Profes- sional, techni- cal, and related employees | Clerical and sales employees | Blue- collar and service employees |
|---|---------------|---|------------------------------------|--|
| Number (in thousands) with orthodontic care..... | 13,749 | 4,692 | 3,163 | 5,894 |
| | Percent | | | |
| Total with orthodontic care..... | 100 | 100 | 100 | 100 |
| Lifetime maximum specified | 83 | 82 | 83 | 83 |
| Less than \$500..... | (2) | (2) | (2) | (2) |
| \$500..... | 7 | 9 | 5 | 7 |
| \$501-\$749..... | 1 | 2 | 2 | 1 |
| \$750..... | 8 | 8 | 16 | 5 |
| \$751-\$999..... | 1 | 1 | (2) | 1 |
| \$1,000..... | 31 | 27 | 32 | 35 |
| \$1,001-\$1,499..... | 11 | 10 | 7 | 15 |
| \$1,500..... | 16 | 20 | 13 | 14 |
| Greater than \$1,500..... | 6 | 6 | 8 | 5 |
| Dollar amount unspecified..... | (2) | (2) | 1 | (2) |
| No lifetime maximum..... | 15 | 15 | 14 | 14 |
| Provision not determinable | 3 | 3 | 3 | 2 |
| | Average(3) | | | |
| Average lifetime maximum.. | \$1,138 | \$1,144 | \$1,128 | \$1,139 |

1 Coverage for orthodontia procedure may also be subject to scheduled allowance, deductible, or coinsurance provisions in addition to maximum dollar limitations.

2 Less than 0.5 percent.

3 The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal

totals. Where applicable, dash indicates no employees in this category.

Table 100. Dental care benefits: Pretreatment authorization provisions full-time employees, medium and large private establishments, 1995

| Item | All employees | Professional, technical, and related employees | Clerical and sales employees | Blue-collar and service employees |
|---|---------------|--|------------------------------|-----------------------------------|
| Number (in thousands) with dental care..... | 18,866 | 6,217 | 4,603 | 8,046 |
| Percent | | | | |
| Total with dental care. | 100 | 100 | 100 | 100 |
| Preauthorization required. | 49 | 45 | 52 | 50 |
| Minimum expense requiring preauthorization: | | | | |
| \$100..... | 8 | 6 | 6 | 10 |
| \$101-\$199..... | 5 | 4 | 6 | 5 |
| \$200..... | 13 | 14 | 11 | 12 |
| Greater than \$200..... | 18 | 15 | 23 | 19 |
| Dollar amount not determinable..... | 5 | 6 | 6 | 4 |
| Preauthorization not required..... | 47 | 51 | 45 | 45 |
| Data not determinable..... | 4 | 4 | 3 | 5 |
| Average(1) | | | | |
| Average minimum expense requiring preauthorization..... | \$225 | \$219 | \$235 | \$224 |

1 The average is presented for all covered workers; averages exclude workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 101. Vision care benefits: Coverage for selected services, full-time

employees,
medium and large private
establishments, 1995

| Type of vision benefit Copayment | | | Covered(1) | Covered in | Scheduled |
|--|-------------|-----------------------|------------|------------|-----------|
| Other(2) | Not covered | Not deter- minable | Total | full | allowance |
| | | | Percent | | |
| All employees | | | | | |
| Eye exam..... | | | 100 | 95 | 18 |
| 34 | | | | | 38 |
| 15 | 4 | 1 | | | |
| Contact lenses(3)..... | | | 100 | 94 | 5 |
| 19 | | | | | 67 |
| 17 | 5 | 1 | | | |
| Eyeglasses..... | | | 100 | 100 | 10 |
| 25 | | | | | 53 |
| 17 | - | (4) | | | |
| Professional, technical, and related participants | | | | | |
| Eye exam..... | | | 100 | 95 | 20 |
| 35 | | | | | 35 |
| 12 | 5 | (4) | | | |
| Contact lenses(3)..... | | | 100 | 95 | 5 |
| 16 | | | | | 65 |
| 18 | 4 | 1 | | | |
| Eyeglasses..... | | | 100 | 100 | 12 |
| 24 | | | | | 51 |
| 19 | - | (4) | | | |
| Clerical and sales participants | | | | | |
| Eye exam..... | | | 100 | 95 | 17 |
| 34 | | | | | 37 |
| 16 | 4 | 1 | | | |
| Contact lenses(3)..... | | | 100 | 96 | 4 |
| 16 | | | | | 70 |
| 22 | 3 | 1 | | | |
| Eyeglasses..... | | | 100 | 100 | 11 |
| 22 | | | | | 54 |
| 22 | - | (4) | | | |
| Blue-collar and service participants | | | | | |
| Eye exam..... | | | 100 | 96 | 16 |
| 34 | | | | | 41 |
| 17 | 3 | 1 | | | |
| Contact lenses(3)..... | | | 100 | 93 | 5 |
| 22 | | | | | 67 |

| | | | | | | |
|-----------------|---|-----|----|---|----|--|
| 13 | 6 | 1 | | | | |
| Eyeglasses..... | | 100 | 99 | 9 | 54 | |
| 28 | | | | | | |
| 14 | - | 1 | | | | |

1 The total is less than the sum of individual items because many participants are in

plans with more than one type of limitation.

2 Includes plans subject to coinsurance and retail discount.

3 Includes plans where coverage is for elected contact lenses; medically necessary contact lenses, i.e., cataract surgery, is normally provided under the surgical portion of the medical plan and is not described in this table.

4 Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.